PROVISION OF SERVICES FOR YOUNG CHILDREN WITH DISABILITIES EXPERIENCING ABUSE AND NEGLECT

BY

CATHERINE P. CORR

DISSERTATION

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Doctoral Committee:
Professor Rosa Milagros Santos, Chair
Professor Susan Fowler
Professor Jennifer Greene
Associate Professor Hedda Meadan-Kaplansky

Abstract

Legislation in the United States, such as the Child Abuse Prevention and Treatment Act (2010) and the Individuals with Disabilities Education Improvement Act (2004), mandates service system collaboration to meet the complex needs of young children with disabilities who have experienced abuse. This multiphase integrated mixed methods study examined ways the Early Intervention (EI) and Child Welfare (CW) systems support very young (i.e., birth to three years) children with disabilities who have experienced abuse. To answer these questions, data were purposefully collected to span three levels of service provision. Data gathered from each level were purposefully mixed to understand this complex phenomenon. Implications for research, policy, and practice are discussed.

To John F. & Momma

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Chapter 1

Introduction

Critical Connections Between Age, Disability, and Abuse

Researchers have extensively documented that one, if not the most, critical period of human development occurs during the early childhood years (i.e., from birth to age 6 years; Blumberg, Halfon, & Olson, 2004; Institute of Medicine, 2000). This period is marked by sizeable cognitive, linguistic, and social-emotional growth, all of which take place in the context of familial relationships (Bronfenbrenner, 1989; Klebanov, Brooks-Gunn, McCarton, & McCormick, 1998). For children diagnosed with disabilities and their families, this period is an optimal time to begin providing supportive developmental services (Feinberg, Silverstein, Donahue, & Bliss, 2011; Ramey & Ramey, 1998). Furthermore, cost-benefit analyses have indicated stronger returns from programs that purposefully intervene during the early childhood years than for other treatment programs that intervene later in life (Center on the Developing Child at Harvard University, 2007).

Abuse, neglect, and maltreatment adversely affect a child's development (Hibbard & Desch, 2007; Rosenberg, Smith, & Levinson, 2008). Such traumatic experiences occur when a child feels intensely threatened and, often, is seriously injured or harmed by a parent or caregiver (National Child Traumatic Stress Network, 2005). Young children who have experienced abuse are negatively impacted developmentally, which can result in difficulties in physical, cognitive, behavioral, and social-emotional development (Child Welfare Information Gateway, 2009). These difficulties often present in young children as attachment disorders, cognitive delays, and

altered brain development. These adverse effects impact a child's development, regardless of the singularity or chronic nature of the abuse (Child Welfare Information Gateway, 2011).

Abuse and disability often coexist in the lives of young children, as children who are abused are at a higher risk for developing a disability, and, conversely, children with a disability are at a higher risk of being abused and neglected (Larson & Anderson, 2006; Musheno, 2006; Sedlak et al., 2010; Sobsey, 2002). Children with disabilities often require specialized services spanning multiple social service systems. Early Intervention services address the development of young children experiencing delays or disabilities and Child Welfare services address the safety and care of children who have experienced abuse and neglect. For many Early Intervention professionals, working with children and families involved with Child Welfare services is an unfamiliar experience. Conversely, many Child Welfare professionals often have limited experience with services designed to address a child's developmental needs (Barth et al., 2007). Therefore, these systems, both individually and collaboratively, are less likely to meet the complex needs of young children with disabilities who have experienced abuse and their families (Corr & Danner, 2013; Manders & Stoneman, 2009; Orelove, Hollahan, & Myles, 2000).

Key Legislation Addressing Young Children With Disabilities and Abuse

Very young children (i.e., under the age of 3) are the most frequent recipients of Child Welfare services (Wulczyn, Barth, Yaun, Harden, & Landsverk, 2005). Moreover, very young children with developmental delays or disabilities experience higher levels of Child Welfare involvement (Rosenberg & Robinson, 2004). The Individuals with Disabilities Education Improvement Act (IDEIA, 2004) and Child Abuse Prevention and Treatment Act (CAPTA, 2010) are two key legislative acts in the United States that mandate services for young children

with disabilities who have experienced abuse and neglect. These legislative acts identify and mandate services unique to the Early Intervention (EI) and Child Welfare (CW) systems individually and services collaboratively spanning the EI and CW systems.

Individuals with Disabilities Education Improvement Act (IDEIA). The Individuals with Disabilities Education Improvement Act (IDEIA, 2011) mandates that states receiving federal funding provide services for families of infants and toddlers who have disabilities or developmental delays. More specifically, Part C of the IDEIA allocates funding to states to operate comprehensive statewide EI programs for infants and toddlers with or at risk for developmental delays or disabilities and their families. Congress first established EI programs in 1986 and, to date, continues to support legislation for these programs, recognizing the need to: (a) enhance the development of infants and toddlers with disabilities, (b) reduce educational costs by minimizing the need for subsequent special education, (c) minimize the likelihood of institutionalization and maximize independent living, and (d) enhance the capacity of families to meet their children's needs (IDEIA, 2011). Presently, every state provides EI services, although each state differs in what lead agency administers the program, how programs provide services, and how services are funded (Hebbeler et al., 2007).

Part C of IDEIA mandates states to provide services to infants and toddlers who are at risk for developmental delays and disabilities. At-risk factors for children can be classified as biological (e.g., low birth weight, failure to thrive) or environmental (e.g., homelessness, poverty) in nature (Algood, Hong, Gourdine, & Williams, 2011; Jones, 2009; Sameroff, 1993). For young children with disabilities experiencing abuse, these risk factors are experienced in combination, with both biological (e.g., diagnosed disability or delay) and environmental risks (e.g., substantiated child abuse and neglect) adversely impacting the child’s development

(Adams & Tapia, 2013; Landy & Mena, 2006). While the presence of one risk factor does not mean the child will have a developmental delay or experience abuse or neglect, the combination of multiple risk factors experienced by a child and his or her family raises concerns. These combined risk factors negatively impact the developmental trajectory of young children (Child Welfare Information Gateway, 2011).

Child Abuse Protection and Treatment Act (CAPTA). The Child Abuse Protection and Treatment Act (CAPTA) was established in 1974 in response to a multitude of young children experiencing and often dying as a result of abuse, neglect, and/or maltreatment (Stein, 1984). Since its establishment, CAPTA has been amended and reauthorized seven times, most recently in 2010.

In 2003, the Keeping Children and Families Safe Act amendment to CAPTA was passed. This act requires states to conduct developmental screening for children under the age of three who are victims of abuse and neglect. As a result, referrals to IDEIA Part C programs for an evaluation to determine EI eligibility became required for these children (Child Welfare Information Gateway, 2011). This amendment reflects the increased national focus on intervening early in the lives of young children whose development is adversely affected by biological, environmental, and combined risk factors (Herman-Smith, 2009).

The most recent provisions of CAPTA include the creation of the National Center on Child Abuse and Neglect (NCCAN). NCCAN is charged with facilitating activities within agencies, establishing priorities for research on child abuse and neglect, and allocating funds for the identification and treatment of child sexual abuse (CAPTA, 2010).

The Need for Collaborative Systems

No one system is designed to solely meet the complex needs of families and young children with disabilities who have experienced abuse. Therefore, cross-systems collaborations should aim to improve access, coordination, and provision of services for this unique population (Child Welfare Information Gateway, 2011). These collaborations can optimally cut across systems including, but not limited to, early childhood education, childcare, health and nutrition, mental health, and other community programs.

While young children with disabilities are well documented as recipients of services from both the EI and CW systems, there is a dearth of research on how to best support these children across these two systems (Orelove et al., 2000). The existing research, although scant, calls for collaborative, systemic approaches to meet the complex needs of young children with disabilities who have experienced abuse. However, Lightfoot and LaLiberte (2006) noted that when a child with a disability is served by the child welfare system, "a complicated collaboration must take place between professionals who understand disability and those whose responsibility is child protection" (p. 10).

While systems collaboration is recognized as an essential piece to meet the needs of young children with disabilities experiencing abuse, obstacles remain. Lightfoot and LaLiberte (2006) identify four obstacles, including: (a) systemic barriers, (b) lack of empirical knowledge about supporting young children with disabilities experiencing abuse, (c) the need for CW and EI professionals to have disability/abuse competence, and (d) cross-system collaboration. Complicating matters, families of young children with disabilities experiencing abuse must navigate the intricate process of intake, assessment, and receipt of ongoing services from both EI and CW service providers. Navigating both the EI and the CW system can be difficult for

families. Even longtime foster parents, who uniquely enter both systems as willing participants, face these obstacles. Paula Reeves (2006), a foster parent of 11 children with disabilities who experienced abuse describes her experience:

> We have had many social workers, medical providers, and other professionals involved in our lives and the lives of our children over the years. We have watched policies and funding change, and for the changes that improved our lives, I am grateful. However, some made no sense or are too complicated. (p. 20)

The Ecological and Transformative Frameworks

Both the ecological and transformative frameworks guided the purpose and design of this study that focuses on young children with disabilities who have experienced abuse and whose complex needs have often been not met by their parents, professionals, and service systems. The ecological systems framework (Bronfenbrenner, 1979) was used to organize and conceptualize this study. This framework is based on the belief that environmental structures, and the processes that take place within and between them, must be viewed as interdependent and must be analyzed as systems to be fully understood. These systems include the chrono-, macro-, meso-, exo-, and mircro-systems (see Figure 1). Furthermore, this framework requires the recognition that social systems are operative components within this research design and therefore impacts are considered jointly or bi-directionally (Bronfenbrenner, 1979).

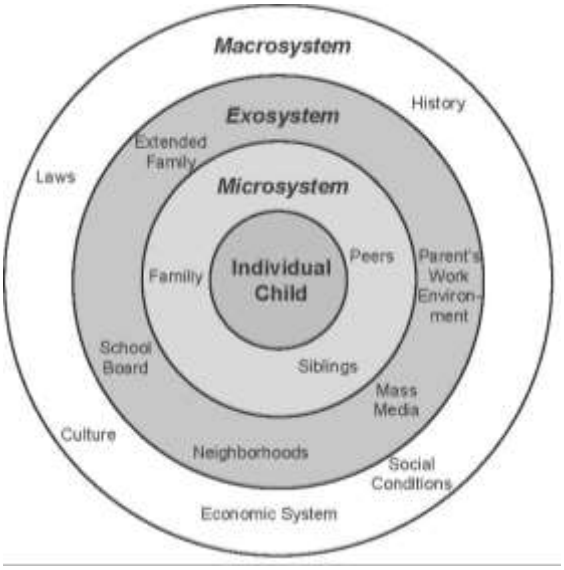

Figure 1. Bronfenbrenner's Ecological Model describing the environmental influences on a child (from Niederer et al., 2009).

In conjunction with the ecological approach, I also operated from a transformative framework (see Figure 2). This framework places importance on values and politics of marginalized people (i.e., children with disabilities who have experienced abuse) within research designs and methodologies (Greene, 2007). According to Mertens (2005),

> [The transformative belief systems] led to methodological beliefs about appropriate ways to gather data about the reality of a concept in such a way that we have confidence that we have indeed captured the reality in an ethical manner and that has potential to lead to the enhancement of social justice. (p. 472)

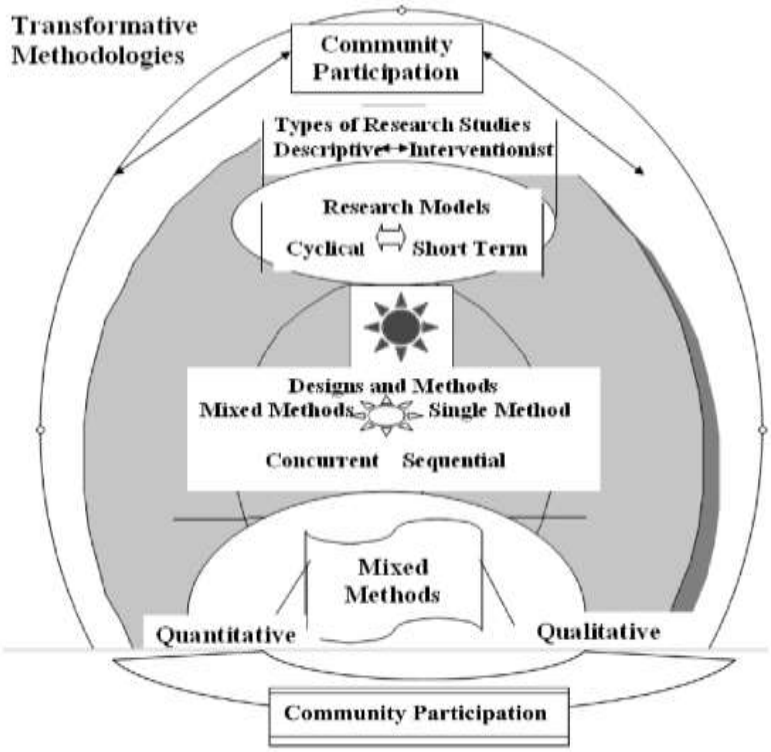

Figure 2. A depiction of the transformative framework (from Mertens, 2007).

I emphasize the interactions across the EI and CW systems while engaging with issues of social justice, equity, power, and politics throughout the study (e.g., quality and quantity of services available to young children with disabilities who have experienced abuse). By highlighting issues of social justice, equity, politics, and power across the multiple systems within the research design, I attained a better understanding of the provision of EI and CW services for young children with disabilities who have experienced abuse.

Problem and Significance

The successful implementation of services for young children with disabilities who have experienced abuse is complicated and, according to experts, oftentimes unfulfilled (Corr & Danner, 2013; Hibbard & Desch, 2007; Kenny, 2004; Manders & Stoneman, 2009). While children with disabilities are well-documented recipients of Child Welfare services (Sullivan &

Knutson, 2000; Taylor, 2009; Tobin, 1992; Tomison, 1996), few empirical studies have examined relevant topical areas, particularly intervention practices, funding models, service delivery, school readiness, and cross-system collaborative models, for this specific population (Barth et al., 2007). Of the available research, the overwhelming majority of studies have been conducted using large administrative data sets and quantitative methodologies. While large quantitative data sets are important to understanding issues, such as prevalence of abuse among young children with disabilities, these data sets can be limiting, as they were not designed to examine the experiences of young children with disabilities. Furthermore, large administrative quantitative data sets may not account for the impact of relevant contextual factors and may not provide important details about attitudes, behaviors, and motivations (Babbie, 2010).

As the prevalence of young children with disabilities who have experienced abuse has been well documented, the next step is to design research studies that examine the experiences young children with disabilities have in the EI and CW systems. Furthermore, few studies have captured the multiple and varied perspectives of children, parents, and professionals involved in the EI and CW systems. Finally, although cross-system collaborations are central to the provision of services to young children with disabilities who have experienced abuse and multiple position papers and policy briefs emphasize and encourage cross-system collaboration between the EI and CW, very limited empirical research examining these collaborations exists.

Purpose of the Study

This study was designed to address the gaps and limitations in the current literature. Specifically, I examined the cross-system provision of services for young children with disabilities who have experienced abuse in one Midwestern state. I focused on the state's Early

Intervention (EI) and Child Welfare (CW) systems through the multiple perspectives of the people who work within the system, program, and local levels, with perspectives from each level being valued equally. The primary research questions that guided this investigation were:

1. To what extent and in what ways do professionals report the EI and CW systems in one state interact when serving families of young children with disabilities who have experienced abuse?

2. What do EI and CW professionals identify as facilitators and barriers when designing services for and delivering services to young children with disabilities who have experienced abuse?

3. How do data gathered from multiple methods highlight political, power, and equity issues and contribute to the understanding of the provision services for young children with disabilities who have experienced abuse within the EI and CW systems?

Chapter 2

Literature Review

Introduction

In the United States, one in eight children will experience maltreatment by his or her eighteenth birthday (Wildeman et al., 2014). According to the National Child Abuse and Neglect Data System (NCANDS), between 2004-2011, 5,689,900 state-confirmed cases of child (i.e., age birth to 18 years) maltreatment were reported. The risk for maltreatment is highest in the first few years of life, as half of confirmed reports of child maltreatment took place within the child's first 5 years (Wildeman et al., 2014). Furthermore, abuse and disability often coexist in the lives of young children, as children who are abused are at a higher risk for developing a disability, and children with a disability are at a higher risk for being abused and neglected (Larson & Anderson, 2006; Musheno, 2006; Sedlak et al., 2010; Sobsey, 2002). The focus of this research study is the provision of services for young children with disabilities who have experienced abuse. Thus, the purpose of this literature review is to identify what is known and what gaps exist in the literature regarding the experiences of young children with disabilities who have experienced abuse, their families, and their service professionals.

To better understand the provision of services, it is important to consider both successes and barriers to the provision of services as experienced by young children with disabilities who have experienced abuse, their families, and the professionals who support them. Of particular relevance to this review are research studies focused on: (a) the prevalence of young children with disabilities who have experienced abuse, (b) the experiences of the child and family receiving Early Intervention (EI) and Child Welfare (CW) services, and (c) the experience of EI

and CW professionals providing services to young children with disabilities who have experienced abuse and their families.

Selection Criteria and Procedures

The primary criterion for articles included in this review was that it addressed services for young children with disabilities who have experienced abuse, as determined by the abstract and keywords. According to the Centers for Disease Control and Prevention (n.d.), child abuse is defined as physical, emotional, and/or sexual mistreatment of children. Therefore, studies that examined these types of abuse were considered in this review. Furthermore, articles included in the review met the following criteria: (a) the study included participants identified as young children with disabilities who have experienced abuse and their families and/or participants identified as early intervention and/or child welfare professionals who work with young children with disabilities who have experienced abuse; (b) the study was conducted in the United States; and (c) the article was published in a peer reviewed, English-language journal.

To identify articles, I searched electronic databases, including Social Work Abstracts, Social Service Abstracts, EBSCOHost, ERIC, PsycINFO, PubMed, Dissertation Abstracts, and Google Scholar, using the following search terms: *child abuse, neglect, maltreatment, child welfare, Child Abuse Protection and Treatment Act (CAPTA), Individuals with Disabilities Education Improvement Act (IDEIA), early intervention, Part C,* or the aforementioned in combination with age (e.g., *infant, baby, toddler,* and *very young child)*. I also conducted a hand search of the table of contents of several journals, including *Infants and Young Children*; *Journal of Early Intervention; Topics in Early Childhood Special Education; Child Abuse and Neglect; Child Maltreatment*; *Child, Youth, and Services Review*; and *Pediatrics*. When an article met the

inclusion criteria, I also examined the reference list and articles that cited the originally identified article for additional sources. Through a combination of these methods, the 23 articles included in this review were identified. Of those articles, 18 were empirical research studies while five were conceptual or position papers, policy briefs, and reports.

Risk Factors Associated With Children and Families Served by Early Intervention and Child Welfare Systems

The maltreatment of children with disabilities has been an ongoing social concern in the United States (Hibbard & Desch, 2007). There is a rich body of evidence describing the risk factors that lead to infant/toddler maltreatment and child welfare involvement (e.g., Gaudiosi, 2003; Knitzer & Lefkowitz, 2006; Shonkoff & Phillips, 2000). Of particular relevance are studies that discuss the presence of or risk for a developmental disability or delay. Children with disabilities experience higher rates of abuse than children without disabilities (Lightfoot, Hill, & LaLiberte, 2011). Complicating matters, disability status is regularly overlooked or misreported in child maltreatment cases (Algood et al., 2011; Sullivan, 2009). A plethora of research exists demonstrating disability status as a major contributing factor to child maltreatment, while at the same time, a number of research studies document disability status as often misreported, underreported, or not reported by professionals (Algood et al., 2011). Given these issues, it is important to understand and recognize child abuse and maltreatment factors associated with children with disabilities and their families.

For families in the EI and CW systems, the risks they experience are multifaceted, which ultimately individually and collectively impact both the child and family (Landy & Mena, 2006). For example, a parent convicted of abusing his or her child with a disability can also be identified as having a substance abuse problem (e.g., drugs, narcotics, alcohol, or all of the

aforementioned in combination) and be experiencing unstable or inconsistent housing. In this circumstance, the biological, parental, and neighborhood conditions can contribute to periods of inadequate nurturing, harsh discipline, and/or neglect of the child (Landy & Mena, 2006). Furthermore, parents who have maltreated children often experience multiple stressful events that may interfere with their ability to focus solely on issues of child development (Robinson & Rosenberg, 2004). In this case, the competing environmental and parental conditions affect the child's development and overall family functioning (Cummings & Cicchetti, 1990).

In the following section, I synthesize the literature utilizing Bronfenbrenner's (1979) ecological systems framework. I begin with a review of the literature related to the macrosystem factors contributing to the maltreatment of young children with disabilities. Subsequently, I review the literature related to exo-, meso-, and microsystem factors. It is important to note that the chronosystem is made up of events and transitions that change during the course of a child or family's life. Since the focus of this review and study is on young children, the chronosystem will not be included in this review. Bronfenbrenner's framework, while in place for organizational purposes, is not intended to suggest that the literature selected only coheres to the prescribed level. Approaching the literature from this perspective closely represents the multifaceted nature of the current research regarding the service provision for young children with disabilities who have experienced abuse and neglect.

Macrosystem factors. Within Bronfenbrenner's ecological framework, the macrosystem refers to the overarching institutional patterns of the culture or subculture. Most relevant to the macrosystem here is the intersection between abuse and young children with disabilities in the United States across the fields of medicine, education, social work, and law (Sullivan & Knutson, 2000). The United States operates under a democratic style of government, meaning its

citizens elect individuals to represent their views through a legislative process (Coleman, 2013). The Child Abuse Protection and Treatment Act (CAPTA, 2010) is an example of democratic legislative representation. While CAPTA was established in 1974, its purpose of protecting children from abuse has gone unfulfilled and the abuse of children is still of great concern in the U.S.

In 2008, six million children were referred to child protective service (CPS) agencies in the U.S. Of these children, 3.7 million were included in an active investigation and over 700,000 were deemed victims of abuse, neglect, and/or maltreatment (U.S. Department of Health and Human Services, 2010). Notably, children under the age of 4 were disproportionately represented, with the first year of a child's life documented as the period for the highest rate of occurrence of maltreatment (Wulcyzn, Hislop, & Harden, 2002; Wulcyzn, Kogan, & Harden, 2003). As a democratic society, the United States places value on protecting children through the establishment and enactment of legislation safeguarding them from abuse and neglect. Nonetheless, instances of child abuse and neglect still occur, and, as a result, studies of the prevalence of child abuse and neglect within the United States are worthy of attention here.

The prevalence of abuse and neglect has been documented as higher, although at varied rates, among children with disabilities when compared to children without disabilities (Crosse, Kaye, & Ratnofsky, 1992; Sullivan & Knuston, 2000). Sullivan and Knutson (1998) found that children with disabilities were 3.4 times more likely to be maltreated than their peers without disabilities. Similarly, Westat (1993) conducted a key study with the National Center on Child Abuse and Neglect (NCCAN) on the prevalence of maltreatment among children with disabilities. Data were collected from 35 child protection agencies selected to be nationally representative that included comparisons groups (i.e., abuse among children with and without

disabilities). In this study, the researchers determined that the prevalence of abuse among children with disabilities was 1.7 times higher than among children without disabilities. In 2000, Sullivan and Knutson examined two databases (i.e., Public and Archdiocese School Districts of Omaha [Kindergarten to 12th grade], and the Central Registry of the Nebraska Department of Social Services), containing a total of 50,278 cases, to: (a) identify abuse and neglect among a population of children with a disability, and (b) relate specific types of disabilities to specific types of abuse. The researchers found that 25% (n = 12,568) of maltreated children across the preschool, elementary, and high school years have a diagnosed disability. Interestingly, they found that communication disorders and health impairments were indicators of maltreatment in the early childhood years, whereas behavior disorders and intellectual impartments were indicators of maltreatment in later years. Disability status puts a child at an increased risk for experiencing abuse and neglect, while, at the same time, abuse and neglect increased the likelihood that a child acquires disability status (Larson & Anderson, 2006).

The recent work of Putnam-Horenstein and Needell (2011) and Hill, LaLiberte, and Lightfoot (2011) linked administrative child welfare and population-level birth data in California (N = 533,992) and Minnesota (N = 6,270) to prospectively identify children who were at greatest risk for maltreatment before the age of five. Putnam-Horenstein and Needell reported that the type of risk varied during the first year of life. Risk experienced by young children included, from most to least frequent: (a) neglect, (b) maltreatment, (c) physical abuse, (d) emotional abuse, and (e) sexual abuse. Most striking was the finding that almost 14% (n = 74,1820) of all the children born alive in California in 2002 were at risk for possible child abuse or neglect before turning 5 years of age. Of those children at risk, 35% (n = 25,964) experienced abuse

before their first birthday and, once more, children with disabilities were overrepresented (Putnam-Horenstein & Needell, 2011).

Similarly, Hill et al. (2011) used administrative data from the state of Minnesota to determine the prevalence of children with disabilities in the CW system. Consistent with Putnam-Horenstein and Needell's findings, Hill et al. reported that, of the substantiated reports of maltreatment among children, 22% (n = 1,380) had a disability. Of those children, emotional disturbance was the most common disability reported. Notably, disability type was not specified for 37% (n = 465) of children identified as having a disability. An additional 5% (n = 69) of children were reported as currently being evaluated for a disability. The work of Putnam-Horenstein and Needell, (2011) and Hill et al. (2011) indicate that children with disabilities regularly make up a higher percentage of children identified as being maltreated. Yet, the sporadic nature of disability identification indicates that the CW system has, at best, a partial understanding of the disability type and severity of the children they serve. Therefore, while children with disabilities have been well documented as victims of child abuse and neglect, other than prevalence rates, little is actually known about the experiences of young children with disabilities who have experienced abuse.

While the variations in prevalence findings indicate the influence of sampling, setting, and methodological choices (Sobsey, 1994), it is clear that young children with disabilities experience abuse at consistently higher rates than children without disabilities. Thus, at the macrosystem level, the extant literature suggests that while legislation to protect children from abuse is in place, child abuse is still regularly occurring and the prevalence of abuse is noted as higher for children with disabilities (Crosse et al., 1992; Johnson-Reid, Drake, & Kohl, 2009; Sullivan & Knutson, 2000; Westcott & Jones, 1999). More research is needed to better

understand how children with disabilities who have been abused and are actively involved in the CW system (Lightfoot & LaLiberte, 2006) and the EI system (Dicker & Gordon, 2006; Jones, 2009; Moxley, Squires, & Lindstrom, 2012).

Exosystem factors. The exosystem is defined as specific social structures, both formal and informal, that encompass the immediate settings in which the child is found. According to Bronfenbrenner (1979), these structures operate on a concrete level and are deliberate in nature but spontaneously evolving. For the purpose of this review, the exosystem factors will focus on literature that addresses the provision of services for young children with disabilities, from eligibility and referral to the act of providing services, including professional development related to supporting young children with disabilities who have experienced abuse and neglect.

Identification, referral, and enrollment. Robinson and Rosenberg (2004) examined the rate of identification and enrollment of children involved in the Colorado child welfare system and the EI system using the Colorado Child Welfare data set (CWEST; n = 5,473). They found that more than half of the children served by both the CW and EI systems had not been identified as having a developmental delay or disability in the CW system. However, of the eligible children (n = 688), only 17% (n = 113) of children with an identified disability in the CW system were also enrolled in EI services. The authors emphasized the underidentification of children with disabilities in the CW system and the underenrollment of these children in the EI system.

Despite these issues of underidentification and enrollment, Derrington and Lippitt (2008) prospectively estimated a 25% increase in referrals from CW to the EI system for more than three quarters of the states in the United States. Using a variety of data sources (i.e., national administrative data; Robinson & Rosenberg, 2004; Massachusetts Early Childhood Linkage Initiative), Derrington and Lippitt estimated that the rates of enrollment in EI would increase in

all states, but range dramatically from 2% in Pennsylvania to 87% in Florida. Findings from this study highlight the fact that, while referral to EI is mandated when a child experiences a substantiated case of abuse, enrollment is not. Increases in CW referrals do not necessarily translate to higher levels of enrollment in EI, despite the ultimate goal of the mandated referral being the provision of EI services to children who need them. The researchers also noted that the unfunded CAPTA referral mandate legally requires these systems to interact but does not provide incentives for training or interagency collaboration.

While the aforementioned studies primarily focused on referrals from the CW system and enrollment in the EI system, Manders and Stoneman (2009) used a series of vignettes to examine how disability status affected processes and outcomes of CW investigations. Participants were asked questions regarding: (a) the extent to which an investigation was warranted, (b) the cause of the abuse, (c) empathy with the alleged abusive parent, and (d) recommended services. Manders and Stoneman reported frequent misunderstandings about how a child's disability contributed to a rationale for why a child was not referred to child protective services (CPS). For example, vignettes describing children with cerebral palsy who experienced patterns of bruising on their bodies were less likely to be referred to CPS than children with the same bruising patterns without cerebral palsy. Manders and Stoneman noted that child protective caseworkers often reported uncertainty about whether or not an abusive incident took place or if the abuse in question was a manifestation of the child's disability (e.g., child with cerebral palsy displaying bruising due to lack of coordination of body movement rather than an abusive parent).

Provision of services. Issues related to the provision of EI and CW services to young children with disabilities who have experienced abuse have also been identified in the literature (Allen, Hyde, & Leslie, 2012; Herman-Smith, 2009, 2011). Researchers used survey (regional

and national) and semi-structured interviews to document wide-ranging barriers to service provision. Six major issues were identified and organized into two categories, professional roles and systemic structures.

Professional roles. Three issues emerged from the literature about how EI providers define and understand their professional roles. These issues can contribute to complications in service delivery for young children with disabilities who have experienced abuse. First, EI professionals reported that, while families of young children who experienced abuse should be referred to EI, they were less certain about the necessity of providing EI services for children who did not have developmental delays (e.g., children who had experienced abuse who are at risk for but not diagnosed with a disability; Herman-Smith, 2009, 2011). While EI providers recognized the legal necessity of referring children from CW to EI, they may not fully understand the connection between disability and abuse. Given the prevalence of young children who experience abuse and develop a disability or delay and the particular susceptibility of young children with disabilities to experiencing abuse, understanding these connections is paramount.

Second, EI professionals regularly expressed concerns of not having enough professionals that are properly prepared to meet the needs of families referred from CW (Herman-Smith, 2009). This has important implications regarding the quantity and quality of EI services available to young children with disabilities who have experienced abuse. Given the estimates and the actual increases in referrals from CW to EI, providers are uncertain about the quantity of EI providers available to meet the increased service demands. Furthermore, EI providers are concerned about if professionals are properly prepared and capable to meet the complex needs of families referred from CW system.

Third, EI providers reported that parents of children who have experienced abuse and neglect may be better served by programming other than EI (Herman-Smith, 2011). Undoubtedly, children and families in abuse and neglect situations have complex needs that will ultimately be addressed by multiple service systems (Landy & Mena, 2006). However, given the prevalence of and relationship between disability and abuse among young children, it is concerning that EI professionals do not identify their role as essential for young children who have experienced abuse. Overall, EI providers recognized the importance of referring children from CW to EI but did not identify their primary professional role, nor the EI system's role, as meeting the needs of young children with disabilities who have experienced abuse.

Systemic structures. Beyond how EI providers understand and define their professional roles, three other issues emerged related to EI and CW systemic structures. First, EI providers reported that a lack of support regularly impeded service provision for young children with disabilities who have experienced abuse (Allen et al., 2012; Herman-Smith, 2011). Support needs included regular financial reimbursement, local program buy-in, and advanced training about child abuse topics.

Similarly, CW caseworkers recognized accountability and documentation as an integral part of the CW system but expressed struggles with documentation and accountability requirements specifically when working with young children with disabilities (Allen et al., 2012). Both the amount and type of documentation required were reported as barriers to the provision of service for young children with disabilities who have experienced abuse.

Finally, researchers noted the different and distinct nature of service provision within the EI and CW systems often served as a barrier to service provision. Notably, EI providers attributed successes of working with families involved in child abuse and neglect cases to the

voluntary nature of their home visits (e.g., voluntary participation, parent involvement, use of toys and daily routines; Allen et al., 2012), whereas, CW professionals noted feelings of animosity from parents because of the mandatory and often adversarial roles they take when charged with removing children from the home (Allen et al., 2012). The voluntary nature of EI and mandatory nature of CW services can be confusing for families and difficult for providers to manage, thus complicating the delivery of services to these children (Allen et. al, 2012).

Professional development. Over the years, researchers have recognized the need for professional training for those who work with young children with disabilities who have experienced abuse and neglect (Adams & Tapia, 2013; Dicker & Gordon, 2006; Greytak, 2009; Herman-Smith, 2009, 2011). Two issues related to professional preparation have been documented in the literature: (a) the focus of professional training extending beyond mandated reporting of abuse, and (b) agency standards regarding the implementation of CAPTA.

As a result of CAPTA, the mandated reporting of child abuse is regularly a topic of training for professionals who work with young children. Orelove and colleagues (2000) developed a survey to examine the training needs of parents of children with disabilities (n = 101), educators and early interventionists (n = 199), and child protective service professionals and law enforcement personnel (n = 125) in Virginia. These researchers found that parents, educators, early interventionists, and child protective service professionals reported having very limited knowledge on how to both recognize and respond to maltreatment in children with disabilities. Although all educators and early interventionists in this study were mandated reporters, less than one third of these professionals reported being knowledgeable about procedures for reporting maltreatment to child protective services. While 79% of educators reported that policies regarding maltreatment existed in his/her workplace, only 25% indicated

receiving training regarding those policies within the past 3 years (Orelove et al., 2000). Despite limited knowledge, 72% of parents, 92% of educators, and 96% law enforcement officers indicated a willingness to participate in professional training regarding working with children with disabilities who have experienced abuse and neglect (Orelove et al., 2000). Although training is mandated and recognized as a key and needed support by professionals (Orelove et al., 2000), training opportunities remain limited in quantity and breadth of content offered (Stahmer, Stutton, Fox, & Leslie, 2008).

Stahmer et al. (2008) explored agency standards related to the implementation of CAPTA. Fifty EI Coordinators in each state were invited to participate in the survey, with 42 of 50 completing the survey. The researchers found that, eight of the 42 states offered training to their EI providers on how to work with families referred through CW, while 12 states were in the process of developing trainings. Thus, more than half of the participating states were not offering training for professionals serving children and families from the CW system (Stahmer et al., 2008). Of note, the focus of the trainings that were being provided was primarily on administrative issues (e.g., compliance with CAPTA) rather than intervention or service provision strategies.

At the exosystem level, the extant literature has focused primarily on identification, referral, and enrollment from CW to EI services, the provision of CW and EI services for young children with disabilities who have experienced abuse, and professional preparation. In identification, referral and enrollment, the research cited here indicated that a child's disability status regularly affects a professional's decision-making about whether or not child abuse allegations are investigated. CW professionals were more likely to report feelings of empathy with the abusive parent when a child had an identified disability, and EI professionals were more

likely to report that providing EI services to children who have experienced abuse was not a necessary part of their EI service provision (Herman-Smith, 20011; Manders & Stoneman, 2009). Clearly, literature related to the provision of services for young children with disabilities who have experienced abuse and neglect and the professional training needs for EI and CW professionals remain scarce. Little is known about the successful provision of services for families with needs that span both the EI and CW systems.

Mesosystem factors. The mesosystem is comprised of the interrelations among the major settings a child frequents at a particular point in his or her life (Bronfenbrenner, 1979). This system can be thought of as the bridge between settings in the child's life. Of importance for this review are the settings in which EI and CW services occur. Families of children with disabilities who have experienced abuse are participating in two interrelated systems simultaneously, and yet these systems are distinct in their philosophy, focus, and legal requirements.

The EI system was established to: (a) enhance the development of infants and toddlers with disabilities, (b) reduce educational costs by minimizing the need for subsequent special education, (c) minimize the likelihood of institutionalization and maximize independent living, and (d) enhance the capacity of families to meet their children's needs (Hebbeler et al., 2007). In contrast, the CW system was established to: (a) provide assistance to states to develop child abuse and neglect identification and prevention programs, (b) authorize government research into child abuse prevention and treatment, (c) create the National Center on Child Abuse and Neglect (NCCAN), (d) create the National Clearinghouse on Child Abuse and Neglect Information, and (e) establish basic state and demonstration grants for training personnel and supporting innovative programs aimed at preventing child maltreatment and treating its effects on children and families (CAPTA, 1974).

While these two systems are designed to legally interface when children who have experienced abuse and are subsequently referred to EI, there are striking differences between the systems. First, EI is optional for families and provides a set of services that are strengths-based and family-centered by design (Bruder, 2010). Conversely, CW services are legally mandated for families who have been indicated or proven abusive or neglectful with their children. Second, EI services are offered in natural environments, often within the child's home; in many instances, CW services remove children who have been abused from their home because of safety risks. These juxtapositions for families create unique family service needs and can complicate both EI and CW service delivery. None of the empirical studies included in this review examined the cross-system collaborations between EI and CW. However, the need for collaborative relationships between EI and CW systems is well documented in conceptual literature (e.g., Adams & Tapia, 2013; Azzi-Lessing, 2010; Dicker & Gordon, 2006). Therefore, the mesosytem of this review includes conceptual literature related to the mandated collaboration of EI and CW systems to serve young children who have experienced abuse and neglect.

Over the years, the call for cross-system collaboration has been consistent across literature spanning the fields of early childhood, social work, pediatrics, and child advocacy. (Adams & Tapia, 2013; Azzi-Lessing, 2010; Corr & Danner, 2013; Dicker & Gordon, 2006; Litzelfelner & Petr, 1997). Moving forward, researchers have recommended focusing on (a) understanding the roles and actions assumed by collaborative EI and CW professionals when providing services, (b) identifying optimal models for infants/toddlers with disabilities and their families involved in maltreatment cases, and (c) creating solutions for overcoming systemic barriers to optimal intervention (Adams & Tapia, 2013).

The mesosystem literature clearly points to collaborations between EI and CW as essential to supporting young children with disabilities who have experienced abuse. Although cross-system collaborative work is encouraged and viewed as vital, it is also recognized as a very difficult and complex task, despite legal mandates (Dicker & Gordon, 2006). Furthermore, there continues to be a dearth of empirical studies that support this supposition. This gap indicates that, beyond the need for the EI and CW systems to collaborate, future research should empirically examine how and to what extent the EI and CW systems collaborate to meet the needs of young children with disabilities who have experienced abuse.

Microsystem factors. The microsystem is comprised of relations between the developing child and the direct setting(s) the child frequents (e.g., home, school, childcare), including the interpersonal relationships within these settings (Bronfenbrenner, 1979). I discuss the relevant microsystem factors identified from literature about attachment, domestic violence, and caregiver/housing stability within the context of how these factors impact overall parent-child relationship when a child has been abused and also has a disability.

Attachment. Ainsworth (1980) posited that insecure parent-child attachment can contribute to the etiology of maltreatment. Maltreatment is more likely to occur when a caretaker has negative feelings pertaining to the parenting of a child. This negativity weakens the affective bonds between the child and parent, which can, in turn, increase the risk for the parent to abuse or neglect the child.

There is evidence that parenting variables, such as parental control, warmth, and involvement, predict parent-child attachment problems (Frick, 1993; Loeber & Stouthamer-Loeber, 1986; Maccoby & Martin, 1983). The presence of a disability is not an inherently negative factor, but intricate and/or specialized care and supervision of young children with

disabilities might negatively impact those aforementioned variables (Ammerman, 1998). Although parenting has long been recognized as having a socializing influence on children, there is increasing effort to understand the combined effects of parenting and child characteristics on child well-being (Leguna & Kovacs, 2005; Verhoeven, Junger, van Aken, Dekovic, & van Aken, 2010). Understanding the bidirectional relationship between child and parent behaviors is essential to facilitate the development of interventions that are sensitive to individual child and family differences (Leguna & Kovacs, 2005).

To illustrate this bidirectional relationship, Knutson, Johnson, and Sullivan (2004) explored the disciplinary choices of mothers of deaf children and mothers of children who were not deaf. Hypothetical situations of children engaging in a range of behaviors (i.e., from typical to challenging) were used, including scenes depicting a child engaged in destructive acts (e.g., stepping on a calculator, tearing pages from a book), dangerous activities (e.g., running into the street, touching the stove), and age-appropriate acts (e.g., spilling a jar of salsa, messy play with toys). Knutson and colleagues asked mothers to select a course of disciplinary action from several options. They found that mothers of children with hearing loss were more likely to choose physical discipline when the hypothetical situation described a child engaging in dangerous or destructive behaviors. These findings were consistent with prior research that positively correlated disability and harsher parenting of children with disabilities (Gore & Janssen, 2007).

Researchers have documented that abusive parents tend to have unrealistic expectations about child development (Dubowitz & Black, 2001; Helfer, Kempe, & Krugman, 1997; Klevens, Bayon, & Sierra, 2000; National Research Council, 1993). Additionally, researchers have found that abusive parents show more irritation and annoyance in response to their children's moods

and behavior; that they are less supportive, affectionate, playful and responsive to their children; and that they are more controlling and hostile (Bardi & Borgognini-Tari, 2001; National Research Council, 1993). This lack of appropriate expectations, negative affect, and harsher disciplinary methods can negatively affect the overall parent-child relationship and increase the likelihood of maltreatment (Algood et al., 2011).

Domestic violence. The chronic nature of mental health and/or behavior disorder diagnoses places the child at a heightened level of risk for abuse and neglect (Jaudes & Mackey-Bilaver, 2008). Practitioners need to be prepared to thoroughly assess family history of violence, such as child maltreatment and domestic violence. Mothers experiencing domestic violence are more likely to use harsh discipline with their children (Hartley, 2002). Palusci (2011) examined files from the Child Files of the National Child Abuse and Neglect Data System from 2003-2007 and found that one third of the files on infants and young children in confirmed maltreatment cases also noted violence between caregivers. This echoes the earlier work of Sullivan and Knutson (2000) who found the presence of domestic violence in 17% of families of children with disabilities who had experienced abuse, a rate three times higher than other groups (Appel & Holden, 1998). Therefore, it is not uncommon for domestic violence and maltreatment of children to co-occur in families (Sullivan, 2009).

Caregiver/housing stability. Finally, among children with disabilities who have experienced abuse, both parent and home instability are critical issues that affect the parent-child relationship. In 2008, Casanueva, Cross, and Ringeisen examined the extent of caregiver instability in the lives of infants involved in maltreatment investigations by combining information from caseworkers and caregivers. They found that 84% of infants involved in child maltreatment investigations experienced at least one change in caregiver/household during the

first year of life, and 40% of children experienced four or more changes in caregiver/household by the time they entered school. Furthermore, higher caregiver instability was associated with children having chronic health issues and disabilities.

Casanueva and colleagues (2008) identified two influential risk factors for experiencing abuse: (a) having a parent or caregiver who was a victim of domestic violence, an active abuser of substances or illegal drugs, had a childhood history of abuse, poor parenting skills, low educational attainment, or was a teen parent; and (b) experiencing family instability, such as four or more children in the household, use of a homeless shelter, low social support, receipt of child or income support, difficulty paying for basic necessities, and high stress. During the most critical years for forming healthy attachment with a caregiver, between birth and age three, children were more likely to experience caregiver instability when multiple aforementioned risk factors were present (Casanueva et al., 2008). The multitude of risk factors experienced coupled with a lack of caregiver stability can impact the quality and quantity EI services for families (Corr, Santos, & Fowler, under review; Dicker & Gordon, 2006; Hebbeler et al., 2007; Moxley et al., 2012).

In summary, the extant literature suggests several microsystem factors affect young children with disabilities who have experienced abuse and their families. Of particular importance are parent-child relationships (e.g., attachment, parent discipline choices), the presence of domestic violence, and home conditions (e.g., parent stability), which often contribute to the maltreatment of young children with disabilities.

Conclusion

In this chapter, I examined research studies that have investigated key macro-, exo-, meso-, and microsystem factors related to providing CW and EI services to young children with disabilities who have experienced abuse. There are four gaps and limitations in the research.

First, many of the included studies focused on identifying the prevalence of abuse and neglect among children with disabilities. Nine of the 23 included studies focused primarily on prevalence through the use of large existing state level administrative data sets. These studies, while useful in understanding the occurrence of abuse in the lives of young children with disabilities, do not necessarily account for the impact of relevant contextual factors, attitudes, behaviors, and motivations that affect identification, referral, and service provision for these children.

Second, the reciprocal relationship between child abuse and disability along with the prevalence of young children with disabilities experiencing abuse is well documented (Hill et al., 2011; Johnson-Reid et al., 2009; Putnam-Horenstein & Needell, 2011; Sullivan & Knutson, 2000; Westat, 1993. However, limited research exists about the diverse and complex experiences these children have within EI and CW systems, as well as the service providers who work with young children with disabilities who have experienced abuse.

Third, while a plethora of conceptual policy and practice articles encourage cross-systems collaborations between EI and CW systems (Adams & Tapia, 2013; Azzi-Lessing, 2010; Corr & Danner, 2013; Dicker & Gordon, 2006; Litzelfelner & Petr, 1997), little empirical research exists on how and under what conditions cross-system collaborations work.

Finally, while several of the studies contribute to multiple levels of knowledge regarding the provision of services for young children with disabilities, none of the aforementioned studies

were designed to simultaneously explore this topic from a macro-, exo-, meso- and mircosystem levels, resulting in a partial and often fragmented understanding of this phenomenon.

This study was intended to address these gaps by investigating the provision of services for young children with disabilities who have experienced abuse using a mixed methods design that utilized interviews, survey, and case study data. With these data, I examined similarities and differences experienced within and across the system, program, and local levels for EI and CW professionals. I sought multiple perspectives and placed equal value on each perspective. Finally, in line with my positionality, I purposefully gathered and mixed data by the system, program, and local level orientations to contribute to the understanding of political, power, and equity issues children with disabilities experience within the EI and CW systems.

Chapter 3

Methods

Overview

The provision of services for young children with disabilities who have experienced abuse is complex and multifaceted, and experiences, beyond measures of prevalence, for these children are under-documented in the extant literature. My hypothesis was that system, program, and local level conditions, individually and collectively impact the provision of services for this population. I hypothesized that issues of equity, social justice, politics, and power influence the provision of services for these children. Therefore, I used a multiphase mixed method to determine how the Early Intervention (EI) and Child Welfare (CW) systems in an urban setting in one Midwestern state meet the needs of young children with disabilities who have experienced abuse. I mixed research methods and perspectives using three methodologies to examine the various perspectives within each level: (a) semi-structured interviews to examine the systems level, (b) online survey to examine the program level, and (c) case study to examine the local level. In Table 1, I list the scope of data collected by data source, demonstrating the depth and breadth of the data collection process. Through this mixed methods design, I equally represented the multiple voices and experiences across these levels. As an integrated design, the methods within this multiphase study interacted throughout data collection, analysis, and the reporting of findings (Greene, 2007).

Table 1

Scope of Data Collected

Data source	Amount
Systems level interviews	
Transcripts	6 interviews; 201 pages
Program level surveys	
CW respondents	41 respondents
EI respondents	308 respondents
Open ended survey responses	15 pages
Local level case study	
Interviews transcripts	11 interviews; 133 pages
Communication logs	41 online; 10 telephone
Therapy notes	38 pages
Individualized family service plan	1 document
Early intervention initial evaluation	8 documents
Early intervention six month evaluation	6 documents
Memos	20 memos
Field notes	12 pages
Email correspondence	280 emails

The ecological and transformative frameworks. I operated from a framework that combines the ecological (Bronfenbrenner, 1979) and transformative (Mertens, 2005) frameworks (see Chapters 1 and 2). The interdependence of environmental structures and the processes that take place within and between them are emphasized and analyzed within an ecological framework. The transformative framework calls for the explicit inclusion and advancement of values, such as social justice, power, and oppression. These contextual factors ultimately influenced the questions posed, the methodological design chosen and used, and the types of information gathered to represent multiple perspectives. According to Mertens, Bledsoe, Sullivan, and Wilson (2010):

> [Mixed methods research] that is reflective of the transformative paradigm is identified by adherence to a social justice agenda; explicit knowledge of factors that are culturally based in the definition of what is perceived to be real; recognition and challenging of power differences in relationships in the research context and wider society; and the need to develop methodological approaches that are responsive to the aforementioned complexities. (p. 199)

I used the ecological and transformative frameworks to guide the purpose and design of this study. The mixed methods approach in this study was intentionally designed to examine the provision of services from multiple systems to young children with disabilities who have experienced abuse while engaging with social justice issues throughout (e.g., quality and quantity of services available to young children who have experienced abuse).

Positionality. One indicator of high-quality qualitative research is that the researchers attempt to understand and self-disclose assumptions, beliefs, values, and biases (Bratlinger et al., 2005). Therefore, I will address how my professional experience and research interests influence my work. Rosanna Hertz (1997) states, "To be reflexive, then, is to undertake an ongoing examination of what I know and how I know it, to have an ongoing conversation about experience while simultaneously living in the moment" (p. 64-65).

Social justice is a core value in my life. I believe that providing quality early childhood programming is one of the best ways to foster social justice for families experiencing trauma. I actively contribute to this mission through my research, civic engagement in the field, and advocacy on behalf of young children with disabilities and their families. My academic training and research is centered on examining and improving services for young children with disabilities who are experiencing trauma. My professional experiences as an early interventionist, early childhood special educator, and as a court appointed special advocate for young children have made me acutely aware of the unique and complex needs of these families and the professionals who serve them. These important experiences have certainly affected what I know and how I know it, but it is through these continued conversations that I can better examine my beliefs and understandings regarding these complex relationships. I believe that

values are a part of all research, and, therefore, the goal for inquiry should be directed towards social justice (Denzin & Lincoln, 2005).

It is my belief that every child has a right to a healthy development. I recognize young children with disabilities who have experienced abuse and their families are not always well served by the EI and CW systems. I also recognize that the EI and CW systems do not always support professionals well enough to serve children and families with complex needs. These recognitions and beliefs influenced my decision to use both the ecological and transformative lens for this study. Mertens (1999) states that the transformative paradigm is characterized by:

> placing central importance on the lives and experiences of marginalized groups, such as women, ethnic/racial minorities, people with disabilities, and those who are poor. The [evaluator or researcher] who works within this paradigm consciously analyzes asymmetric power relationships, seeks ways to link the results of social inquiry to action, and links the results of the inquiry to wider questions of social inequity and social justice. (p. 4)

By choosing this lens, I acknowledged that an asymmetric power relationship exists between services and young children with disabilities who have experienced abuse, and I examined these relationships and joint impacts, with the ultimate goal of equitable services for young children with disabilities who have experienced abuse.

Research questions. To that end, the following primary questions guided this research:

1. To what extent and in what ways do professionals report that the EI and CW systems in one state interact when serving families of young children with disabilities who have experienced abuse?
2. What do EI and CW professionals identify as facilitators and barriers when designing services for and delivering services to young children with disabilities who have experienced abuse?
3. How do data gathered from multiple methods highlight political, power, and equity issues and contribute to the understanding of the provision services for young children with disabilities who have experienced abuse within the EI and CW systems?

The research team. The research team included me, my two advisors (Drs. Rosa Milagros Santos and Susan Fowler), and two graduate assistants from the Department of Special Education at the University of Illinois. All research team members completed the necessary Institutional Review Board trainings to conduct research at the University of Illinois before data collection began. Secondary members of the research team included my Doris Duke Child Well Being Fellowship policy mentor (Mr. Ted Burke) and an administrative professional (Mrs. Kathy McCormick). Secondary members were not part of the data collection or analyses phases but assisted in problem solving and transcription of data throughout the project, respectively.

Participants and settings. All requirements to protect human subjects have been upheld. As shown in Appendix A, as of June 26, 2014 (initial IRB) and December 18, 2014 (case study amendment) the University of Illinois' Institutional Review Board approved the study. Furthermore, as of December 16, 2014, the state child welfare agency in the targeted Midwestern state approved this research study. Participants and settings varied across the three components of this mixed methods study and are described below.

Systems level interview participants. Participants were purposefully identified and invited to participate in the systems level interviews based on their expertise and role within the EI or CW systems. The invited participants included: (a) professionals on a national level (n = 2), including a past President of an EI professional organization and the vice president of a CW professional organization; and (b) state personnel (n = 4), including professionals working with the EI (n = 2) and CW (n = 2) systems (see Table 2 for system level interview participant demographics). Personalized emails and phone calls were used to recruit the aforementioned professionals. All identified participants agreed to participate and were interviewed once during October-November 2014. After each interview, participants were asked to identify other

professionals who should be interviewed. Participants either had no recommendations or recommended individuals who were already slated to be interviewed.

Table 2

System Level Interview Participant Demographics

Participant	System	Type of position	Years of experience in position	Length of interview
EI1	EI	State	5	1:14:05
EI2	EI	State	13	1:08:27
EI3	EI	National	4	1:05:52
CW1	CW	State	8	55:07
CW2	CW	State	15	57:20
CW3	CW	National	7	1:14:10
Average			7	1:05:16

[a]Indicates that participant held a termed position and this number represents the length of the term, not the participant's overall years of experience in the field.

Program level survey participants. To recruit participants for the program level survey, I worked with the director, assistant director, and Ombudsman of a state training program to distribute the online survey via their listserv. The sampling for this survey was limited to all EI providers and service coordinators from a large Midwestern urban area, for a total of 1,742 EI providers. Each EI professional was invited to participate in the online survey about barriers and successes providers experience when working with young children with disabilities who have experienced abuse. The survey was kept open for three weeks and three reminders were sent throughout that period to prompt only those who had not yet completed the survey. A total of 318 participants (18%) accessed the survey, 13 participants were disqualified, 97 participants partially completed the survey, and 208 participants completed the entire survey (see Table 3). For the purposes of this study, only completed surveys were analyzed (N = 208, 12% response rate). The majority of participants were female (99.5%), Caucasian (74%), independent EI providers (59%) who provided services in urban areas (59%) who were not acting in a

supervisory role (77%). The majority of participants held a masters degree (70%) and provided speech language pathology services (35%). These data mirror the make up of EI providers in the state based on available statewide data from fiscal year 2014.

Table 3

Program Level EI Survey Participant Demographics

Characteristic	*n*	%
Professional		
Developmental Therapist	35	17
Nurse/Nutritionist	4	2
Occupational Therapist/Assistant	36	17
Physical Therapist/Assistant	33	16
Service Coordinator	9	4
Speech Language Pathologist/ Assistant	74	35
Other	20	10
Gender		
Female	207	99.5
Male	1	.5
Ethnicity		
African American	21	10
Asian	11	5
Hispanic/Latina	17	8
Caucasian	155	74
Other	5	2
Education		
Associates	1	1
Bachelors	36	17
Masters	145	70
Doctorate	21	10
Other	4	2
Type of Provider		
Agency Based	85	41
Independent	120	59
Geographic Service Delivery Area		
Urban	122	59
Suburban	86	41
Supervise Paid Employees		
Yes	47	23
No	161	77

With guidance from several professionals in the EI, CW, and university community, I attempted to locate a similar electronic database for the CW caseworkers. Unfortunately, such a database did not exist. With the help of a local child advocacy organization, I identified eight CW agencies in the targeted urban area. I contacted each organization by email explaining my research project. If an agency expressed interest, I followed up via telephone to explain the study and to answer any questions. Finally, I sent each of the four interested agencies a copy of the survey for them to conduct an internal research review process. Upon receiving their internal agency approval, all four agencies provided me with the email addresses of their CW employees. This sampling included $N = 89$ child welfare professionals from four major agencies in the targeted urban area. The survey was kept open for 3 weeks and seven reminders were sent throughout that period to prompt only those who had not yet completed the survey. A total of 42 participants accessed the survey, one participant was disqualified, nine participants partially completed the survey, and 32 (36%) participants completed the entire survey (see Table 4). For the purposes of this study, only completed surveys were analyzed ($N = 32$). The majority of CW participants were Caucasian (63%) females (97%) who were not acting in a supervisory role (81%). The majority of participants held a masters degree (78%) and provides services in an urban area (87%).

There were similarities between the two groups of participants. Across both EI and CW participants, the majority of participants held a masters degrees, were female, worked in an urban area, and did not supervise paid employees.

Table 4

Program Level CW Survey Participant Demographics

Characteristic	*n*	%
Professional title		
Case worker	8	25
Social worker	4	12
Permanency worker	4	13
Other	16	50
Gender		
Female	31	97
Male	1	3
Ethnicity		
African American	11	34
Asian	--	--
Hispanic/Latina	1	3
Caucasian	20	63
Other	--	--
Education		
Bachelors	7	22
Masters	25	78
Geographic service delivery area		
Urban	28	87
Suburban	4	13
Supervise paid employees		
Yes	6	19
No	25	81

Local level case study participants. To recruit participants for the local level case study, I contacted a Child and Family Connection (CFC) manager in the target urban area. I asked the lead service coordinator to identify potential participants by service provision teams (i.e., all people involved in a single child's case). The lead service coordinator first talked to the team members about the research study to ensure their interest in participating. Shortly after, she shared the names and contact information of the potential participants (see Table 5). I did not invite the biological mother to participate due to legal restrictions and did not invite the

interpreter because the team was not utilizing her services. The physical therapist declined to participate due to personal time constraints.

Table 5

Case Study Team Members Invited to Participate

Pseudonym	Role	Invited to participate	Consented to participate
Jocelin	Child	--	--
Bria	Biological mother	No	--
Felice	Foster parent (maternal grandma)	X	X
Dana	Developmental therapist	X	X
Sydney	Speech language pathologist	X	X
Olivia	Occupational therapist	X	X
Priscilla	Physical therapist	X	Declined
Ida	Interpreter	No	--
Sal	Service coordinator	X	X
Claudia	Child welfare caseworker	X	X

In January 2015, I emailed and/or called each of the potential participants to discuss the rationale for this study, the research questions, and to respond to their questions about the study. I selected this team based on the following criteria. At the beginning of the study: (a) the child served by the team was 2 years old, had experienced abuse, and would remain in EI services for the duration of the study; (b) the child's parent (i.e., foster) agreed to participate in all phases of the study; and (c) the majority of the professionals on the team consented to participate in all phases and for the duration of the study. For purposes of this study, the team consisted of a foster parent, the EI service coordinator, the developmental therapist, the speech language pathologist, the physical therapist, the occupational therapist, and the CW caseworker (see Table 6). The majority of the team members held masters degrees and were employed through an agency that provided EI services (i.e. agency based). Team members were from diverse racial/ethnic backgrounds and had a range of years of work experience (2 months to 23 years).

Table 6

Case Study Participant Demographics

Pseudonym, role	Education	Race/ Ethnicity	Time on team	Experience	Type of provider
Felice, foster parent	N/A	Latina	9 mos.	N/A	N/A
Dana, developmental therapist	M.A.	Caucasian	9 mos.	3 years	Independent
Sydney, speech language pathologist	M.A.	Caucasian	7 mos.	23 years	Independent
Olivia, occupational Therapist	M.A.	African American	3 mos.	1.5 years	Agency
Priscilla, physical therapist	M.A.	Latina	9 mos.	--	Agency
Sal, EI service coordinator	B.A.	Latino	2 mos.	2 mos.	Agency
Leta, lead EI service coordinator	M.A	Other	9 mos.	12 years	Agency
Claudia, CW caseworker	B.A.	Latina	9 mos.	3 mos.	Agency

Procedures and Instruments

To address the research questions for this study, system level interviews, program level online survey, and a local level case study data were collected from Fall 2014–April 2015 (see data collection timeline in Appendix C).

Systems level interviews. Six individual systems level interviews were scheduled and conducted. The interviews focused on designing services for and the provision of EI and CW services to young children with disabilities who have experienced abuse and neglect (see Appendix B for the interview protocol). The interview questions were tailored to each participant but addressed research, policy, practice, personnel preparation, and collaboration. All interview

protocols were pilot tested with two professionals holding administrative roles in the EI and CW systems.

Before beginning the interview, all interviewees were reminded of the purpose of the interview and were invited to ask the researcher questions. To increase confidentiality, all interviewees were reminded that information shared in the interview would not be shared outside of the interview in any identifiable way. Interviewees were provided with the informed consent forms. All interviewees chose to participate in the interviews by signing the consent forms, which also included agreeing to the audio-recording of the interview. Following the interview, a professional transcriber (i.e., Mrs. Kathy McCormick) transcribed the audio-recordings. Any identifiers (e.g., use of names) were replaced within the transcriptions with pseudonyms.

I conducted the interviews with support from one of the team members, a graduate assistant in Special Education. The graduate assistant was responsible for collecting consent, taking notes, and audio recording the interview. Each interview was held in a location convenient to the participant. When a face-to-face interview was not possible, a phone interview was arranged at a time convenient to the participant (n = 2). The interviews ranged from 55–74 minutes and averaged 65 minutes in length.

Program level s**urveys.** Two existing surveys were adapted to create one online survey using SurveyGizmo®.

Professional Interventionist CAPTA Survey (PICS). The *Professional Interventionist CAPTA Survey (PICS)* survey was developed to assess perceptions of EI professionals related to serving children and families referred from child welfare (see Appendix C; Herman-Smith, 2009). *PICS* was designed to assess three major concerns of EI providers working with children and parents involved with the CW system: (a) professional competency, (b) mission fit, and (c)

parent involvement. To gauge internal consistency of the *PICS* scales, I developed composite scores and then computed Cronbach's alpha for each of the three factors: a) staff resources (α = .81; *M* = 37.11, *SD* = 9.89), (b) mission fit (α = .71; *M* = 27.05, *SD* = 5.40), and (c) parent involvement (α = .70; *M* = 16.58, *SD* = 6.06). This mirrors prior work by Herman-Smith (2008) for the subscales of staff resources (α = .90; *M* = 20.69, *SD* = 5.66), mission fit (α = .73; *M* = 19.91, *SD* = 4.98), and parent involvement (α = .71; *M* = 14.88, *SD* = 6.55).

Organizational Climate Survey (OCL). The brief version of the *Organizational Climate Survey (OCL*; Glisson, 2000) is a 28-item measure developed to assess organizational climate perceptions of professionals working in human service agencies (see Appendix B). Response choices use a Likert-type range of 1 (*not at all*), 2 (*to a slight extent*), 3 (*to a moderate extent*), 4 (*to a great extent*), and 5 (*to a very great extent*). The *OCL* includes four subscales: (a) depersonalization, (b) emotional exhaustion, (c) role conflict, and (d) role overload. The *OCL* has been used previously in research that linked the perceptions of child welfare, juvenile justice, and child mental health workers to staff turnover, work attitudes, service quality, and outcomes (Glisson & Hemmelgarn, 1998; Glisson & James, 2002). To gauge internal consistency of the *OCLS* scales, I developed composite scores and then computed Cronbach's alpha for each of the four factors: (a) emotional exhaustion (α = .73; *M* = 16.19, *SD* = 4.75), (b) role conflict (α = .85; *M* = 18.97, *SD* = 7.49), (c) role overload (α = .90; *M* = 20.44, *SD* = 8.04), and (d) depersonalization (α = .65; *M* = 7.68, *SD* = 2.81). This closely mirrors prior work by Herman-Smith (2008) for the subscales of emotional exhaustion (α = .81; *M* = 23.66, *SD* = 7.72), (b) role conflict (α = .89; *M* = 24.68, *SD* = 7.48), (c) role overload (α = .91; *M* = 41.27, *SD* = 8.95), and (d) depersonalization (α = .67; *M* = 7.25, *SD* = 2.22).

Adapted and combined survey. For the purposes of this study, the *PICS* and *OCL* were slightly adapted and combined into one online survey. Adaptations consisted of revisions to wording to ensure clarity for the target populations of this study. The combined survey included 42 items using Likert-type scales, 10 demographic questions, and one opportunity to leave open-ended comments (see Appendix B for the combined survey). The combined survey took an average of 12 minutes to complete. Per the request of the state agency, items related to overall agreement with the principles of EI were added. However, these items did not answer the research questions posed in this study and are not included in the analyses presented here.

The subscales from the original surveys were retained and include items related to staff resources (n = 7), mission fit (n = 5), parent involvement (n = 4), depersonalization (n = 5), emotional exhaustion (n = 5), role conflict (n = 8), and role overload (n = 8). To retain the accuracy and precision of each measurement tool (Suhr, 1999), the two original Likert response options were retained. The first Likert response options were retained from *PICS.* Item responses in this scale range from 1 to 9, with the response categories labeled 1 (*strongly disagree*), 5 (*neutral*), and 9 (*strongly agree*). The second Likert response options were retained from the *OCL*, with item responses: 1 (*not at all*), 2 (*to a slight extent*), 3 (*to a moderate extent*), 4 (*to a great extent*), and 5 (*to a very great extent*).

All Institutional Review Board (IRB) requirements for conducting an online survey were followed using the guidelines of the primary researcher's home institution. IRB requirements specific to online surveys allowed participants to: (a) end the survey at any time, (b) skip items, (c) move back to the previous page, and (d) have no forced-choice questions. In addition, the survey was designed to prevent invalid entries (i.e., responses outside the possible range) reducing the need for later data cleaning.

Four phases were followed to systematically test the survey instrument. Phase I included cognitive interviews with two EI providers and one CW caseworkers to test the items for validity (Presser et al., 2004). The sampling plan for the cognitive interviews extended to EI providers and CW caseworkers who met most of the criteria for the sample of the survey but who lived outside of the target area. In Phase I of the survey testing, participants were selected in a purposive way. Data from this small group were not intended to be generalizable but designed to provide significant insights into the thinking process of professionals who were targeted for this study. Participants had varied years of experience. These differences helped the researcher gain a more varied viewpoint about the types of thinking used in understanding the questions. This model for survey testing was selected to provide the most information about how the participants understood the question and the language (Draugalis, Coons, & Plaza, 2008). Participants were asked to "think aloud" during this process to clarify how they were interpreting instructions and questions on the survey. Probing questions were used when a participant's comments were brief or if the interviewer did not understand his/her "think aloud" dialogue.

In Phase 2 of the survey testing, two expert reviewers completed the online survey, which had been revised based on the cognitive interviews conducted in Phase 1. Expert reviewers included one experienced EI provider who provided training through the state EI training program and one experienced social worker who provided services in the target state. The two experts received an electronic copy of the survey in its entirety and were asked to insert comments and corrections directly into the questionnaire. Once the experts completed their review, the document was emailed back to the researcher. Their responses and comments were reviewed for accuracy and were used to further clarify the items and scales in the survey.

Using the feedback from the expert reviews and the cognitive interviews, the survey was revised once again and tested with a new pilot population. In Phase 3, a focus group comprised of graduate students in an early childhood special education and social work program in the target state was conducted. The participants were asked to complete the full online survey and mark items that were challenging for them to understand. After completing the survey, the researcher further probed the group for misunderstandings or wording issues (Presser et al., 2004). The responses from the group helped to further clarify item design and wording. To gauge an accurate time completion of the survey, during Phase 4 of the pilot testing, graduate students completed the survey online as a timed assessment. On average, the students completed the survey in 12 minutes (range 8-14 minutes).

The final version of the survey was electronically mailed to EI and CW professionals in one large Midwestern urban area in the Spring of 2015. The survey was available for three weeks after the initial invitation was sent. To encourage participation, participants had the opportunity to self-enroll in a lottery for a $10 gift card. One out of every 10 participants won a gift card, with 23 gift cards awarded at the close of the survey.

Local level case study. During a 10-week period in the Spring of 2015, one team of professionals providing services to a young child with a disability who experienced abuse participated in this case study. All participants were asked to complete a weekly electronic communication log documenting which members of the team they communicated with and why (see Appendix B for Weekly Communication Log). A total of 51 communication logs were collected from participants across the ten weeks. As the foster parent did not have regular access to the Internet, I contacted her via telephone to complete the communication log each week at a time most convenient for her.

Each team member participated in two telephone interviews, one at the beginning and one at the end of the 10-week case study. These interviews addressed systems, program, and local level issues, concerns, and successes they experienced when working to support Jocelin, the young child with a disability who had experienced abuse (see Appendix B for interview questions). The two telephone interviews with the foster parent addressed concerns and successes she has experienced while receiving EI and CW services.

Participants were also asked to share a copy of the most recent Individualized Family Service Plan, weekly therapy session notes, and any court reports written for the child/family during the duration of the case study. Table 7 displays the study components completed by each participant. Identifying information was redacted and a codebook was created and used in reference to the team/child. All data were kept in a password-protected server or in a locked filing cabinet. All qualifying participants (i.e., participants that did not have work restrictions regarding receiving incentives for participation in research) received $20 Target gift card for each week of full participation, totaling $200 ($N$ = 5).

Table 7

Case Study Participant's Completed Components

Participant	Communication logs	Therapy notes	Completed interviews	Supplemental documents
Foster parent	10	--	2	--
Developmental therapist	10	8	2	--
Occupational therapist	10	20	2	--
Speech language pathologist	10	10	2	--
Service coordinator	10	--	2	2
Child welfare caseworker	1	--	1	--
Total	51	38	11	2

Data Analysis

Once data were collected, analyses began to address the guiding research questions posed in this study. The data analysis techniques were chosen to appropriately link this study's research questions and hypotheses (Gersten, Fuchs, Coyne, Greenwood, & Innocenti, 2005).

Systems level interviews analysis. After the interviews were conducted, a member of the research team transcribed the audio-recordings. I used a collaborative approach, as described in Miles and Huberman (1994), to identify categories and themes from the data. I worked with two graduate students in the department of Special Education who were members of the research team. In the first level of analysis, the research team read the interview transcripts and organized data into broad categories. During the second level of analysis, all three members of the research team reread the segments as organized in the subcategories to ensure appropriate categorizations, consistency, and cohesiveness under each subcategory. Disconfirming evidence was noted and outliers were identified (Bratlinger et al., 2005).

During the third level of analysis, all three team members reread the segments within designated subcategories and identify themes. During all levels of the analysis, members of the research team read and coded the interview data independently. All of the data were sorted in a systematic and meaningful way. The team then met to discuss their codes and arrive at consensus on categories and themes.

Trustworthiness and credibility. I aimed to ensure that the study met the standards for high-quality qualitative research in the field of special education (see Brantlinger et al., 2005 for guidelines). Therefore, trustworthiness and credibility of the qualitative findings were assessed through the use of triangulation, member checks, collaborative work, and thick, detailed descriptions (Brantlinger et al., 2005). By utilizing a collaborative analysis process, bias and

disconfirming evidence were discussed and interpretation of data was determined through arriving at consensus. Thick, detailed descriptions were pulled from the transcription and used as evidence for each theme. Providing thick descriptions of "raw material" is considered important for readers to be able to draw conclusions from the data (Stake, 1995, p. 102).

To ensure that the participants' stories were described sufficiently, I wrote memos that encompassed the participants, their words, and their contexts. The purpose of the memos was to make the data as meaningful as possible to outsiders (Stake, 1995). Memos were used to summarize weekly happenings, organize thoughts, and document other important activity related to the case study, such as the election of a new governor and reflections on proposed budget cuts to EI. While not central to the research questions posed, these memos were written to comprehensively capture the participants' experiences with the nature of the EI and CW systems during the 10-week case study.

The data sources for this entire investigation—interviews, communication logs, surveys, and documents —provided a number of perspectives on the data (Patton, 2002). In addition to these sources, methodological and data triangulation occurred during and after the collection of data. Information obtained during the interviews was compared to the survey, documents, and communication log data. Any inconsistencies that were found were investigated by asking participants for clarification.

Two levels of member checks were conducted for all interview participants. During the first level of member checks, participants were invited to review a two-page summary of their interview (see Appendix C, Systems Level Interview Participants First Member Check). During the second level member check, participants were invited to review a summary of the overarching themes and findings (see Appendix C, Systems Level Interview Participants Second

Member Check). A few participants offered minor clarifications, which were noted and incorporated into the report (see Appendix C).

Finally, I maintained a research journal with links to data sources, memos, categories, and documents that formed an audit trail. Thus, my fieldwork is transparent and my data can be confirmed (Patton, 2002). This journal was stored on a password-protected computer. The development of codes can be traced over time through multiple documents that provide a sequence of how my codes changed over time, also serving as another form of an audit trail. In reporting the findings of these interviews, I supported my conclusions with quotations and connected my interpretations with related research (Brantlinger et al., 2005).

Program level survey analysis. Once the minimum response rate of surveys (n = 349; 20%) was achieved, the program level survey data analysis began. Because the standard error decreases with a larger sample size, every effort was made to elicit a high response rate; several email reminders and incentives were provided to participants (Krathwol, 2009).

The raw data were first exported from SurveyGizmo® into Microsoft Excel®. I then prepared the data for analysis by conducting code and contingency cleaning, creating meaningful variable names, and making decisions regarding multiple response and incomplete surveys. The cleaned data were exported from Microsoft Excel® into SPSS (Version 22) and coded.

I completed a descriptive statistical analysis for all variables in the study, including the mean, range, and standard deviation of each item (Howell, 2010). I then created tables to display frequencies to item responses in the demographics section of the survey and to display scaled responses. To ensure quality, I calculated inferential statistics, and reliability statistics (Gersten et al., 2005). I analyzed responses from EI professionals' separately from the CW professionals' responses. My intent of this analysis was to compare the results across professions to identify

similarities and differences. To compare answers to items between and across variables, I chose statistical tests, such as an independent sample *t* test. Finally, all open-ended responses from the online surveys were analyzed using the procedures for thematic analysis described for the systems level interview analysis.

Local level case study analysis. This case study was designed to capture how a team functioned while serving a young child with a disability who had experienced abuse. The 10-week case study consisted of three major components: (a) online weekly communication logs, (b) interviews, and (c) document analysis. I used the case study data to create individual and overall portraits of how each member contributed to the team during the 10-week period. I also determined and organized three "patches" to convey the case study team's experience. Patches are distinctive stories or dialogues that are of central importance to the case study (Stake, 2010).

Online weekly communication logs. I analyzed the online communication logs to understand the frequency with which team members spoke to one another and the nature (e.g., urgent vs. not urgent) and length of communication exchanges. I also cursorily explored the open-ended reasons for communication participants provided.

Interviews. I conducted two 30-minute interviews with each case study participant, one at the beginning and one at the end of the 10-week case study period (see Appendix B for interview questions). I analyzed these interviews using the same thematic analysis processes as described for the systems level interview analysis.

Documents. The case study participants reported that many details of the nature of the child's situation were unclear. Therefore, I collected documents of particular importance to understand the historical and current contexts of the young child with a disability who had

experienced abuse that participated in this study. I also used these documents to inform the interview questions asked of the case study participants.

I used information from the online weekly communication logs, interviews and documents to determine three narratives, which highlight the case study experience. These narratives are referred to as "patches" because they are stories of central importance to the case study (Stake, 1997). These patches are detailed in Chapter 4.

Procedures for mixing of methods. My overall goal with this mixed methods study was to understand the current character of the provision of services for young children with disabilities who have experienced abuse and ultimately recommend changes for professionals who serve these children. The purposes of mixing methods within this study are trifold. The first purpose for mixing was complementary, meaning that the three methodologies (i.e., interviews, survey, case study) were used together to understand the same phenomenon (Greene, 2007). Findings were noted at the system, program, and local level. Then, I looked across these levels to see if similarities or differences were found. For instance, turnover was a common theme across the system, program and local levels. However unique information about the issues related to turnover were gleaned from the system, program, and local level. The second reason for mixing was initiation; the use of the aforementioned methodologies was designed to examine divergences within the phenomenon being studied, through the unique perspectives of the participants, which led to the initiation of new understandings about this phenomenon (Greene, 2007). For example, the results of the program level surveys and systems level interviews were used to design the case study interview protocols. The final reason for mixing was development, as I used the initial results of both the systems level interviews and the program level surveys to inform the development of the case study interview protocols (Greene, 2007; see Figure 3 for the

mixing of methods). Additionally, I used the subscales of the program level survey to identify themes for the system level interviews.

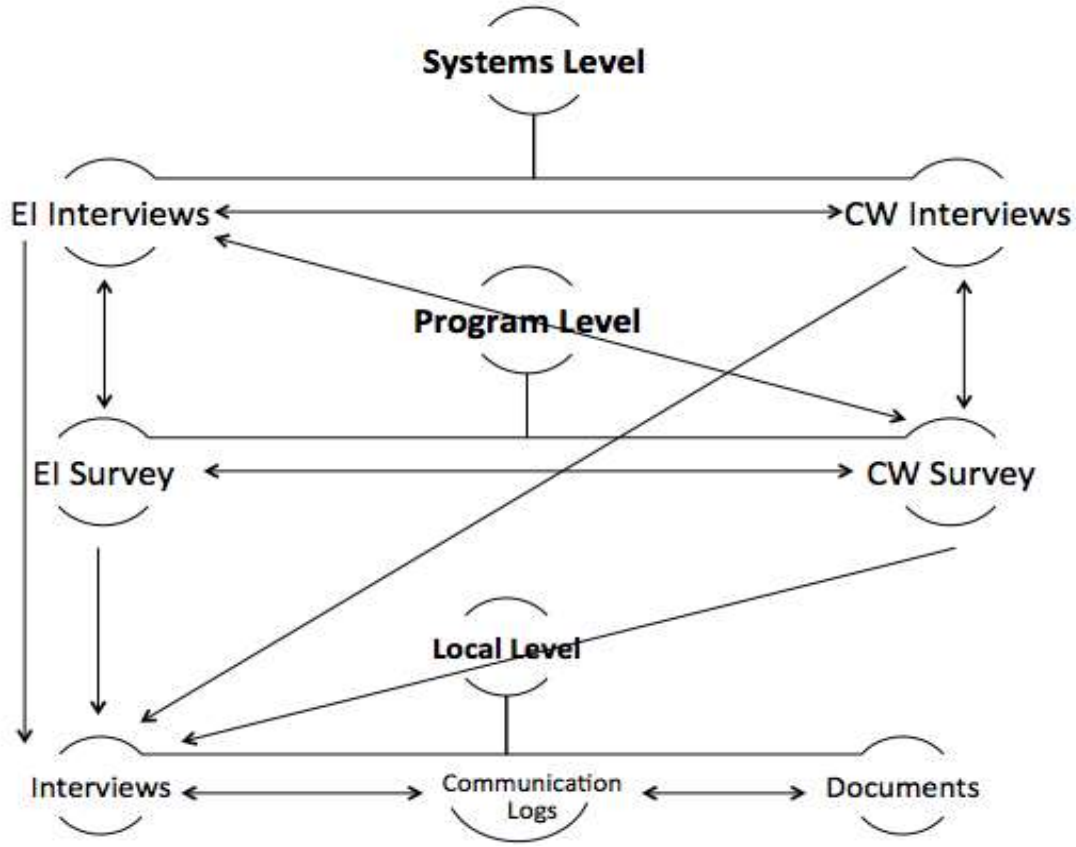

Figure 3. The mixing of methods for this study.

While some of the analysis decisions were ultimately made after data collection, I utilized the following data analysis strategies: (a) data cleaning, (b) reduction, (c) correlation and comparison, and (d) analysis for inquiry conclusions and inferences (Greene, 2006). I used these strategies for each data set separately. I then took three steps for the mixed methods analysis. First, during the data correlation and comparison phase, I transformed the data into a different sequence of display; data were presented by and across system, program, and local levels. Second, when analyzing the data to make inquiry conclusions and inferences, I used higher order analyses. In particular, for the case study qualitative data, I created three patch or composite

stories, and, for the quantitative data, I used confirmatory factory analysis (CFA). The results from the CFA, while interesting and important, did not directly answer the research questions posed in this research study and therefore are not included in Chapter 4.

I used theoretical ideas and practical judgments, including flexibility and creativity, to guide decisions about mixing throughout this work. As I designed this study with the intent to mix perspectives within and across the systems, program, and local levels, at each of these levels, I examined the perspectives from EI and CW for similarities and differences. For example, I conducted systems level interviews with both EI and CW professionals and compared their responses. Then, after comparing across perspectives within each level, I compared analysis results representing the same perspective across levels (e.g., CW systems interviews with CW case study data).

Chapter 4

Results

Organization of Findings

I organized the findings of this study using Bronfenbrenner's (1979) ecological framework. I describe these ecological systems as they relate to this study, and I elaborate on each using excerpts of data from the systems interviews, program survey, and the local case study. I organized the data from the outside of the framework in, beginning with the macrosystem and working inward toward the microsystem.

1. *Macrosystem:* Within Bronfenbrenner's ecological framework, the macrosystem refers to the overarching institutional patterns of the culture or subculture. In this section, I present data representing the overarching culture of the early intervention (EI) and child welfare (CW) systems. I explore the systems' cultures at the national and state level and present results related to system collaboration, research, and policy.

2. *Exosystem:* The exosystem is defined as specific social structures, both formal and informal, that encompass the immediate settings in which the child is found. In this section, I present data related to the external environments (i.e., personnel preparation and professional development opportunities) in both EI and CW systems.

3. *Mesosytem:* The mesosystem is comprised of the interrelations among the major settings a child frequents at a particular point in his or her life. In this section, I present data related to the systems' overall climate and the interconnected nature of EI and CW services for young children with disabilities who have experienced abuse.

4. *Microsystem:* The microsystem is comprised of relationships between the developing child and the direct setting(s) the child frequents (e.g., home, school, childcare), including the interpersonal relationships within these settings. In this section, I present the story of Jocelin, her family, and her EI and CW team (see Table 6 in Chapter 3 for a description of the case study team members).

I used interview, survey, and case study data to address the research questions that guided this study. Throughout, I highlight the methods that contributed to the overall findings at the macro-, exo-, meso-, and microsystem levels. I used footnotes throughout this chapter to denote the sources from which the data were drawn to demonstrate the interconnected nature of the data,

to signify my commitment to valuing each data source equally, and to strengthen the overall findings of this study by ensuring a compressive mix of appropriate data sources.

Macrosystem

In examining the experiences of young children with disabilities who have experienced abuse and neglect, there are two primary organizations that comprise the relevant macrosystem: the EI and CW systems. To describe the culture within each system and the nature of their interactions with each other, I primarily drew upon data from the systems level interviews. I included relevant program-level survey and local-level case study data when participants made specific references to these macrosystem cultures. I detail the culture of EI and CW systems collaboration at a national level and then at a state level, including descriptions of the systems' research and policy agendas.

Not in the same sandbox: The culture of national EI and CW systems. As discussed in chapters 1 and 2, the EI and CW systems have legal reasons to interact. At the national level, I interviewed two professionals, one representing the EI system and one representing the CW system, and ask them to describe the national landscape of EI and CW systems regarding collaboration, research, and policy (see participant demographics in Table 2).

Collaboration between EI and CW at the national level. Interviewees were asked to describe collaboration within and across their systems. Both expressed that their professional organizations place high importance on collaborating with other groups to strengthen and inform research, policy, and practice. They reported that these collaboration efforts often happen with other organizations that focus on education, health, and social work. In spite of valuing such collaborations, both interviewees stated that efforts to establish collaboration between EI and

CW collaboration are limited and not regularly sought. As the national EI interviewee described, "I don't know of any, but I would not want to say it is not happening. It is certainly not high on the radar screen" (EI3, Systems Level Interview, p. 20). The national CW interviewee also described a similar experience, "We don't work with a ton of disabilities organizations but we stay connected to them" (CW3, Systems Level Interview, p. 19). Both interviewees expressed that the current lack of collaboration is not due to a lack of interest in cross-system collaboration. The national EI interviewee described the situation thus:

> We are not in the sandbox with these folks [CW professionals] on a day-to-day basis. So, building collaboration is going to be really tough. We are going to spend a lot of time talking to a lot of people who don't pan out. Because that is not how collaborations work. You don't collaborate with the first person you approach. You have to find the right people, the right mindset, the right heads, the right passion. All that stuff plays into it. So, it's more about time and energy. It is a matter of finding the right people and taking the time and effort. We don't cross paths naturally. (EI3, Systems Level Interview, p. 12)

Similarly, the national CW interviewee described her experience: "Quite frankly, we work with medical and university folks around disabilities more often than disability organizations. We don't work with the Council for Exceptional Children. That is an example of one [organization] we do not work with (pause) *yet*!" (CW3, Systems Level Interview, p. 19).

Additionally, the national EI interviewee expanded on the status of cross-systems collaboration between the EI and CW community, noting that,

> It is not that we don't know that we need to be collaborating with other people or that we don't believe in collaboration. In some ways we are so overwhelmed that we just do what is easiest. So, if you have some common interest, then it is easy. But if we have to go out and find those partners, it just feels so hard to do. That is going to be one of the real challenges in this area. We don't have any natural bridges. (EI3, Systems Level Interview, p. 3)

Furthermore, the national CW interviewee described a perceived difference between CW and EI programs, noting tension between prevention and intervention approaches to support children and families in abusive situations. The CW interviewee questioned,

> How do you provide the preventive and early intervention programs that help keep kids safe? How many of our early intervention programs are just for the kids? They don't do anything for the parent. . . . So, that a kid and parents, even if they have been abusive, can have the supports that they need. Someone needs to make sure that the kids *and* the families are getting the nurturing, skill-building programs that they need. (CW3, Systems Level Interview, p. 23)

Both interviewees identified collaboration as an important aspect of their system's overall work. However, they also identified barriers to enacting collaborations to support young children with disabilities who have experienced abuse. When supporting young children with disabilities who have experienced abuse, both interviewees identified cross-systems collaborations as vital and necessary but had difficulty identifying key cross-system organizations with whom they could collaborate regarding supporting young children with disabilities who have experienced abuse.

Research uses in EI and CW systems at the national level. I asked both interviewees to describe how their system uses research to inform the provision of services for young children with disabilities who have experienced abuse. Both interviewees stressed the importance of having and adding to the evidence base for their respective practices. They both highlighted that existing research drives practices within their fields.

> As an organization, we want to highlight and expand research that is already out there. We want to bridge the gap between those researched, evidence-based practices and what practitioners and administrators, at the local, state, and federal, need. We want to keep practitioners headed down the right direction. (EI3, Systems Level Interview, p. 5)

Similarly, the national CW interviewee described how her organization uses research.

> We base our [practice] standards on research. All of our policy, all of our practice, all of our programming has to be grounded in the research. We are grounded in research and experience. So, we have a pretty robust process for looking at what is known, what is emerging, and what the literature telling us. (CW3, Systems Level Interview, p. 3)

However, when asked to think about a research agenda and/or evidence base for the provision of services for young children with disabilities who have experienced abuse, both

interviewees noted a lack of both an agenda and an extant evidence base. The national EI interviewee stated, "So, I think there has been some work done, but, I think, honestly, it has been very, very little" (EI3, Systems Level Interview, p. 6). Likewise, the national CW interviewee noted, "We have some policy, but we don't have research work going on in that [young children with disabilities who have experienced abuse] right now" (CW3, Systems Level Interview, p. 7).

Both interviewees indicated that research had not been explicitly conducted regarding young children with disabilities who have experienced abuse but that other research within their field might be relevant to this population. For example, the national EI interviewee indicated that research conducted in special education – particularly around child development, parent child interactions, and social-emotional development—contributes in some ways to the overall knowledge base about the provision of services for young children with disabilities who have experienced abuse. She remarked how the special education field could benefit from shifting the focus of research from intervention to prevention, by stating:

> We know a lot. We just need to think about what we know differently. We need to put together from both fields and then we need to start a research agenda that looks at this continuum [pause] from prevention all the way to intervention. (EI3, Systems Level Interview, p. 26)

Similarly, the national CW interviewee shared:

> There has been variation on trauma questions over the years. What does it mean for the reformation of attachment? How does that look differently for families? What does it mean for kids with disabilities? . . . So, there will always be questions." (CW3, Systems Level Interview, p. 4)

Both interviewees agreed there is a plethora of research that can be employed to influence the provision of services for young children with disabilities who have experienced abuse. However, both interviewees reported an overall lack of research explicitly designed to focus on young children with disabilities who have experienced abuse within their respective systems. The national EI interviewee explained, "I think another reason is it [young children with

disabilities who have experienced abuse] has not been a hot topic. I am thrilled that it has become a hot topic. I think that is really important" (EI3, Systems Level Interview, p. 25).

In addition, research methodology emerged as an important issue when discussing the provision of services for young children with disabilities who have experienced abuse. Both interviewees discussed how difficult it is to fund research projects specifically focused on young children with disabilities who have experienced abuse. The national CW interviewee explained:

> There are barriers. There are issues, you know, . . . what level of rigor can you do a study at when you can't have an experimental group in those kinds of things, which are questions that people tend to get knotted up in on a pretty regular basis. (CW3, Systems Level Interview, p. 5)

The national EI interviewee also explained similar funding and methodological frustrations. She stated:

> There is just not as much research money available [for this work]. Then, this whole methodology, research-funding, big-sample-sizes switch. So, when people are trying to do pilot work and trying to get their heads wrapped around things, it is important that funding that does not force you into the confines of the quantitative methodologies. You need to get in there and mess around. You need to do qualitative work. Getting funded for that sort of stuff (pause), it's just not fair. (EI3, Systems Level Interview, p. 25)

Both interviewees expressed frustration in the lack of funding opportunities for research related to young children with disabilities who have experienced abuse. When asked about research, both interviewees acknowledged that research efforts are siloed within their respective systems. The national CW interviewee expressed, "We need support that allows for the blending of monies and the blending of methodologies to allow us to do this kind of work" (CW3, Systems Level Interview, p. 16). The national EI interviewee also stated, "We have to get out of our silos. Our practices, our research, our money out of silos. . . . That is the trick" (EI3, Systems Level interview, p. 18).

In sum, both interviewees identified research as an important aspect of their system's overall work. However, both interviewees expressed barriers to research efforts that support

young children with disabilities who have experienced abuse. Interviewees reported that methodological and funding issues regularly affect research opportunities and detailed the siloed nature of research in both the EI and CW systems as a detriment when supporting young children with disabilities who have experienced abuse.

Policy in EI and CW systems at the national level. Both interviewees were asked to describe how their systems use policy to support the provision of services for young children with disabilities who have experienced abuse. They stressed the necessity of having policies related to young children with disabilities who have experienced abuse. The national CW interviewee stated, "There isn't a scenario where policy cannot help. Sometimes policy draws attention to things that people would like to do but don't do because they don't have time and money. I think policy can help" (CW3, Systems Level Interview, p. 25).

When discussing policy with the national EI interviewee, a tension surfaced:

> I do believe that policy has to guide us. But also not guide us in a certain way. It has to free us. Right now the policies are, "No. No. No." and, "It's got to be this, this, and this." So, policies and guidelines are getting in the way. (EI3, Systems Level Interview, p. 5)

Both interviewees expressed frustration with the lack of opportunities to influence national policy making. The CW national interviewee stated,

> Politicians and elected officials don't have a long attention span. They say, "Oh we will spend money now to fix this." But they don't understand why there aren't any answers a few months later and then another crisis or something comes up. So, what they tend to do is think that it didn't work and that nothing will work. (CW3, Systems Level Interview, p. 5)

Additionally, the national EI interviewee shared her frustrations:

> Well, I don't think we influence any policies at this point in time, because I don't think anybody influences any policies at this point in time. . . . We have done nothing to really make a legislative impact but we have had very few opportunities. They [Congress] can't get anything passed, so it is not so much that we haven't been able to do it. We certainly have been able to influence this [presidential] administration to believe in the importance of very young children. (EI3, Systems Level Interview, p. 14)

Both interviewees identified policy as an important aspect of their system's overall work, but both interviewees identified barriers to policy efforts focused on supporting young children with disabilities who have experienced abuse. First, they reported tension over the role policy should play in each system. Second, they acknowledged that policies can both help and get in the way of improving services for young children with disabilities who have experienced abuse. Finally, one interviewee reported having few opportunities to meaningfully contribute to national policies pertaining to young children with disabilities who have experienced abuse.

The need to come together: The culture of state EI and CW systems. The EI and CW systems have legal reasons to interact at the state level as well. I interviewed four professionals, two representing each system, and asked them to describe the state landscape of EI and CW systems regarding collaboration, research, and policy (see participant demographics in Table 2).

Collaboration between EI and CW at the state level. I asked state interviewees to describe current collaborations within their respective systems. All interviewees reported that their system placed a high importance on collaboration both within and across systems. While important to their work, all interviewees described the current EI and CW collaborations as limited, describing the collaborations that do exist as few and far between, typically resulting in minimal communication for legal purposes only. As one state EI interviewee described:

> There are some projects and interagency meetings but for communication stuff. So if I don't know about it, I can pretty well assure you that most of the other early intervention system doesn't know about it either. (EI1, Systems Level Interview, p. 22)

A state-level CW interviewee described a similar but unique frustration. She detailed collaborating less because of being the target of others involved in cross-system collaborations.

> We don't do that [collaborate] enough. I mean for one reason, you are targeted when you get there. For two, . . . I could be at home doing some case notes or something. I don't want to sit there and be told that I am not doing my job. (CW2, Systems Level Interview, p. 24)

Another state CW interviewee expressed difficulty establishing and utilizing collaborations within the CW system. She stated, "[In CW] the departments are so spread out. We need to come together. There is one child, many problems. All of us come to the table. All of us come to the table and work together" (CW1, System Level Interview, p. 12).

Interviewees expressed overall frustration and confusion over the how cross-system collaboration should unfold. One state-level EI interviewee shared:

> Who is it that is charged for advocating for an individual child's rights? Who is it that is responsible for keeping the pieces together? Theoretically, that is the case manager, but do they know their child welfare system? Do they also know early intervention? Do they also know child care? (EI1, Systems Level Interview, p. 18)

Additionally, one state CW interviewee expressed difficulty collaborating with EI because of a lack of understanding of what CW does and how it works. She detailed how these systems have dissimilar philosophies and foci, which complicates cross-system collaboration.

> They absolutely get on my nerves. It is a lack of understanding on their [early childhood professionals] behalf of all of CW. But that's not really what gets under my skin. What gets under my skin is the focus on early learning as opposed to early relationships. So, that's the rub for me. We are looking for Kindergarten readiness skills, academic skills, and we are forgetting about the social-emotional underpinning. (CW2, Systems Level Interview, p. 25)

Multiple interviewees' recounted invitations to participate in cross-systems collaboration that ultimately did not come to pass. For instance, interviewees discussed regularly being invited to participate in collaborative efforts but with the unspoken expectation of not participating. One state EI interviewee described, "My frustration when sitting at the table is sometimes you are led to believe that you are driving the process, but you sort of feel like someone already has the answer and they are just getting you there" (EI 2, Systems Level Interview, p. 18).

The same interviewee expressed being invited to the table as a barrier. She explained that, while receiving an invitation to participate in cross-system collaborations is important, in many instances it is not physically possible to actually attend and participate in each opportunity.

> I have got a pile of work on my desk and I am sitting here in these meetings. . . . So we do have to make choices because, quite frankly, we can't be at every meeting. So, sometimes you do have to go to this one instead of that one. So, it does make it hard. Moral is, you need to be there to figure out when a decision or question does finally come up so you know what the context is. (EI2, Systems Level Interview, p. 20)

In addition to identifying current barriers, interviewees were asked to identify what would assist in creating and sustaining EI and CW cross-systems collaborations. Interviewees from both systems had similar requirements. As one state CW interviewee explained:

> There would have to be consistency. So, you know, it's easy to get sidetracked, right? But you would have to have to create a safe place. You have to create a space so that [collaboration] can live and breathe, because it could get buried. So, it has to be consistent. So, if we are going to communicate or meet, we have to stick to it no matter what. (CW2, Systems Level Interview, p. 10)

Similarly, one state EI interviewee outlined:

> A lot of time it is people resources, you know, to organize the planning effort and to move things along. So, when they bring different organizations they get them involved in these kinds of planning processes. So, it's really dedicating resources to those kinds of collaborations. That's what it takes. Because everybody else's plates are already full. (EI2, Systems Level Interview, p. 15)

Interviewees from both systems identified the need for dedicated people and time to make EI and CW cross-system collaborations work. Moreover, one state CW interviewee specified the development of a shared vision across the EI and CW as a prerequisite to cross-system collaboration. She firmly expressed that someone outside of the EI and CW fields should spearhead this effort. As she noted:

> For instance, in CW and EI, it's hard for either of those folks to be that champion. We are pulled in this direction by having our own agenda, but there needs to be a shared vision. It takes a separate entity to be able to carry that out. (CW2, Systems Level Interview, p. 9)

Finally, state level interviewees also identified systems working in silos as an issue when considering EI and CW cross-systems collaboration at the state level to support young children with disabilities who have experienced abuse. Several interviewees expressed difficulty building

cross-system collaboration because of a lack of understanding of how each system should assume their roles. One state CW interviewee described, "Sometimes things can become siloed. And I don't know if it is done intentionally, or if it is not done unintentionally. I am the nurse but I don't know what you are doing" (CW1, Systems Level Interview, p. 24).

All interviewees identified collaboration as an important aspect of their system's overall work, but interviewees from both systems expressed confusion and frustration about building and sustaining cross-systems collaborations to support young children with disabilities who have experienced abuse, identifying a lack of time and dedicated personnel as regularly impeding their ability to collaborate.

Research use within EI and CW systems at the state level. Interviewees were asked to describe how their respective state-level systems use research to inform the provision of services for young children with disabilities who have experienced abuse. Similarities between the systems exist in terms of the use of research. One similarity was a lack of awareness over if and how the system uses research to impact services for young children with disabilities who have experienced abuse. As one state CW interviewee explained, "If they [CW system] do, I am not aware of it. I think research is very important but I don't know if [the system] uses it that often" (CW1, Systems Level Interview, p. 16). A state EI interviewee also expressed uncertainty:

> I would like to think that [research] informs providers' selection of strategies. But whose research? Is it general child development research? Is it the early childhood development research? Is it disciplines that know their own motor-based research? So, I think it depends. In many instances we draw from that a lot. But, to be honest, there is a lot of winging it. (E1, Systems Level Interview, p. 10)

Another state EI interviewee described frustration with understanding what exactly constitutes a research base. She explained:

> I find it very overwhelming. What does that mean, "research based?" Do you find one article that supports it and then it's a research base? What does that mean? How do we

> know we have met the bar? How do we know have we met the burden? (EI2, Systems Level Interview, p. 24)

While two state interviewees expressed confusion and frustration over using research to inform practices, all interviewees described their systems as being data-driven. Both EI interviewees noted that, to meet funding requirements, they are required to collect and analyze data. One state EI interviewee described:

> [EI] has become more data driven. We have performance measures in our contracts. It was recognized, before my time, that there were things in the system that needed to be fixed and the best way to do it was to use the data. We had to share it. (EI2, Systems Level Interview, p. 20)

In contrast, a state CW interviewee described a personal struggle to understand how research informs the provision of services for young children with disabilities who have experienced abuse. She explained:

> [Research] definitely makes my job more complicated. . . . Research just really isn't my thing. It should be but it is not. I just can't get my brain wrapped around it. I am a clinician. But, [research] definitely impacts my work. (CW2, Systems Level Interview, p. 13)

All interviewees identified research as an important aspect of their system's overall work. However, interviewees from both systems expressed confusion and frustration around using research to inform practices to support young children with disabilities who have experienced abuse. Some interviewees reported confusion over the source and amount of research needed to inform system practices. Other interviewees' detailed struggles utilizing the data their system regularly collects. All interviewees stated they regularly collect data to report to funders and/or make programmatic decisions.

Policy in EI and CW systems at the state level. I asked interviewees to describe how their respective state systems use policy to inform the provision of services for young children with disabilities who have experienced abuse. Each system uses and impacts policy in different

ways. One state EI interviewee explained, “There are policies and procedures around how the two systems communicate, but we don’t really dig much deeper than that” (EI1, Systems Level Interview, p. 3). Across both systems, interviewees frequently reported the substance of the policy, or lack thereof, as a barrier to supporting the provision of services for young children with disabilities who have experienced abuse. As a state CW interviewee explained, “Most of the [CW] policies are very general. They are very vague. The policies are written so that they will encompass everyone even if there is a change” (CW1, Systems Level Interview, p. 10).

While interviewees expressed a need for policies to exist, all interviewees expressed that policies are a limited way to impact actual services. The intentionality of policy emerged as an important issue in the state-level interviews. One state EI interviewee expressed, “[Policies] are set as the lowest bar, and anything more you want to do is theoretically icing on the cake” (EI1, Systems Level Interview, p. 1). Likewise, a state CW interviewee noted, ”No one pays attention to policy. They only use it in a punitive way and it has no connection to practice” (CW2, Systems Level Interview, p. 29). Finally, a state EI interviewee queried, “Are they ever going to fully capture the needs of these kids and their families? I don’t think that is what those policies were necessarily intended to do” (EI1, Systems Level Interview, p. 4).

Interviewees were also asked to describe how policy makers impact the work they do within their system. One state EI interview explained how policy priorities are identified:

> The Governor’s office is involved. The involvement of secretaries or department heads, in saying, “Yes, this work is important to us.” That clearly helps people on my level to say, “It’s a priority for the Governor’s office so that work needs to be done.” (EI2, Systems Level Interview, p. 17)

Another state EI interview highlighted, “A lot of things are put into place entirely in a vacuum. Once again, they [policy makers] are limited by their own knowledge and experiences. So, they are pretty limited” (EI1, Systems Level Interview, p. 3).

In sum, state interviewees identified policy as an aspect of their system's overall work, but expressed concerns around policy efforts focused on supporting young children with disabilities who have experienced abuse. First, interviewees reported tension concerning the intentionality of policy in each system. Second, interviewees acknowledged that policymakers regularly impact the identification of priorities for their work. Finally, interviewees reported that opportunities to openly exchange information with other systems and policymakers to create meaningful policy is often limited.

A synthesis of national and state systems' successes and barriers. In sum, when describing the national and state landscapes pertaining to the provision of services for young children with disabilities who have experienced abuse, the interviewees detailed a lack of cross-systems collaboration, research, and policy beyond what is legally necessary. I describe below the overall success and barriers in system priorities, partnerships, roles, and resources.

Priorities. Both the EI and CW system have individual missions and priorities. While many of the individual systems' priorities may differ, both national-level interviewees identified trauma as a priority for their system, describing it as a natural place where the EI and CW systems overlap. For instance, a child who experiences trauma has a greater risk of developing a disability and a child with a disability is at a greater risk to experience trauma. The national CW interviewee described how trauma is increasingly becoming a topic of interest in both systems: "Trauma needs to [be] brought to the table in both of these worlds. I think [trauma] is something that isn't fully integrated into either of our work yet but both worlds are looking at it" (CW3, Systems Level Interview, p. 25).

While trauma was identified an issue that could potentially connect the EI and CW systems, the interviewees reported an overall lack of research, policy, and collaborative focus

regarding young children with disabilities who have experienced abuse. Overall, national interviewees described young children with disabilities who have experienced abuse as a population that needs to be identified as a priority in the EI and CW systems individually and collaboratively. As the national EI interviewee describes:

> You need folks who understand the issues and are vested in improvement in both systems, if you are going to see change. . . . But to really filter down to the individual child and family level, it's going to take more than that. . . . [Young children with disabilities who have experienced abuse] have to get on someone's radar. (EI3, Systems Level Interview, p. 6)

The national interviewees highlighted that systems level priorities, resources, and partnerships regularly impact opportunities for collaboration, research, and policy focused on young children with disabilities who have experienced abuse. One can see from the analysis of these interviews that EI and CW priorities, resources, and partnerships should be enmeshed. However, having meaningful partnerships that improve the provision of services for young children with disabilities who have experienced abuse is unlikely to happen without shared system resources and identified priorities, and identifying cross-system priorities cannot take place without shared resources and meaningful cross-system partnerships.

Similarly, state interviewees described that both the EI and CW systems have their own mission, priorities, and research and policy agendas. While each system has identified priorities, interviewees discussed how policymakers regularly influence the identified priorities within a system. Interviewees described the link between research, policy, and policymakers as disjointed at best. As one state EI interviewee noted:

> We need to close the circles of communication. Too often the information flow is unidirectional. Ideally we would have folks doing research who are sharing that information with advocates, legislators, and with folks who are crafting policy. (EI1, Systems Level Interview, p. 3)

Those making important decisions are not always the ones with the knowledge. Interviewees describe this imbalance as a barrier to the provision of services for young children with disabilities who have experienced abuse.

Partnerships. The national interviewees from both the EI and CW system were emphatic that the current lack of effective cross-systems collaborations were not due to lack of interest in cross-systems collaborating. Both systems have succeeded in agreeing that the provision of services for young children with disabilities is an important issue. As the national EI interviewee described:

> To me, there are partnerships just waiting out there to happen. I don't think it is because people don't want to, or people aren't interested, and I don't feel like it is turf wars. I don't feel any of that. . . . It is time and resources. (EI3, Systems Level Interview, p. 5)

National partnerships also act as a barrier to the provision of services for young children with disabilities who have experienced abuse. While there are partnerships "waiting to happen" (EI3, Systems Level Interview, p. 18), interviewees at the national level expressed difficulty in identifying partnerships for addressing the provision of services to young children with disabilities who have experienced abuse. While each individual system detailed extensive cross-system partnerships, neither interviewee could identify current or future partnerships related to young children with disabilities who have experienced abuse. As the national EI interview stated, "At this point, I don't know of anything that [EI organization's name] is doing specifically to encourage it [collaboration with CW]" (EI3, Systems Level Interview, p. 20).

Roles. State interviewees discussed, at length, the individual roles for which the EI and CW system are responsible. All interviewees reported that their systems are currently overextended. Two barriers surfaced. First, each system is designed to serve a particular population; neither system is designed to meet all the needs of young children with disabilities who have experienced abuse. As one EI interviewee described:

> Early intervention isn't driven by a child's diagnosis. It is not driven by whether they have experienced child abuse or neglect. [The EI system] meets the individual needs of the child. We don't have a separate system for children who have experienced child abuse and neglect. Since our services are individualized, I think early intervention meets those children's needs like we do all children's needs. I don't see it an outside effort; it's how we do our work. (EI2, Systems Level Interview, p. 2)

This approach often results in confusion over identifying individual and collaborative system roles and responsibilities when considering the provision of services for young children with disabilities who have experienced abuse.

Second, the state CW interviewees described at great length how their system's overall reputation often acts as a barrier to meaningful collaborations. State CW interviewees conveyed that misunderstandings, misconceptions, and misapprehensions among the early childhood field about CW work regularly impacts their ability to collaborate in effective ways to support young children with disabilities who have experienced abuse.

Resources. The national interviewees from both EI and CW system detailed complicated rules and funding structures that affect the provision of services to young children with disabilities who have experienced abuse. The national CW interviewee explained:

> It is complicated. There are all kinds of rules and money in education [and then] I have this complicated set of child welfare rules and money. How do you navigate that? What often happens is, people come together and they fight about funding streams. Our funding streams don't meet each other in the place where we need to meet. On such basic levels that these systems don't bridge money in order for people [from both systems] to play together. (CW3, Systems Level Interview, p. 24)

Despite the absence of shared priorities and clear roles, all the state interviewees expressed interest in participating in cross-system collaborations for young children with disabilities who have experienced abuse, but they agreed that the lack of time and personnel dedicated in each system to the provision of services young children with disabilities who have experienced abuse results is a barrier. As one EI interviewee at the state level described:

> Our state is so large and so diverse. Something that is appropriate in [rural town] may not be appropriate in [urban city]. So it's establishing relationships. The burden is on the [CW] local offices and [EI] offices to establish relationships. That is fraught with concerns because, you know, people come, people go. (EI2, Systems Level Interview, p. 4)

To impact the provision of services for young children with disabilities who have experienced abuse, state interviewees acknowledged that dedicated time and personnel are required of both systems.

Overall, the state interviewees highlighted that systems level priorities, partnerships, roles, and resources regularly impact opportunities for collaboration, research, and policy focused on young children with disabilities who have experienced abuse. Furthermore, the interviews epitomize the enmeshed nature of system priorities, roles, and resources. Identifying priorities to improve the provision of services for young children with disabilities who have experienced abuse is unlikely to happen without shared system resources and identifying clear roles. Identifying such roles cannot take place without shared resources and meaningful cross-system priorities.

Exosystem

At the exosystem level, I examined two primary mechanisms that impact the experiences of young children with disabilities who have experienced abuse and neglect: personnel preparation systems and professional development opportunities. In this section, I describe how the structure and content of personnel preparation and professional development opportunities indirectly influence the provision of services for young children with disabilities who have experienced abuse, using data from the systems level interviews, program-level survey, and local-level case study. I use *personnel preparation* to refer to professionals' pre-service

preparation experience (e.g., college coursework) and *professional development* to refer to in-service opportunities.

Pre-service personnel preparation. All national and state EI and CW systems level interviewees were asked to reflect on personnel preparation programs in their respective fields and discuss issues related to the provision of services for young children with disabilities who have experienced abuse.

Content included in personnel preparation programs. Interviewees from both the EI and CW systems acknowledged pertinent components in personnel preparation programs related to the provision of services for young children with disabilities who have experienced abuse. Interviewees were able to identify existing content areas related to the provision of services for young children with disabilities who have experienced abuse that may be included in personnel preparation programs, but reported that the overall exposure to this content is limited and disjointed in both systems. Three important areas emerged in the analysis: (a) the lack of comprehensive content related to child development and relationship-based practices; (b) the lack of comprehensive content related to disability; and (c) the need for cross-systems understanding of preparation practices.

Content related to child development and relationship based practices. EI interviewees identified content related to relationship-based practices as important and necessary to incorporate into pre-service programming. As one EI systems interviewee described, "Relationship-based practices are a key piece of this. There are a lot of good infant mental health practices that clearly need to come into play. Having a good grounding in social-emotional development and child development is also huge" (EI1, Systems Level Interview, p. 15).

Additionally, an EI systems-level interviewee described the hierarchy of content professionals must learn to be effective when providing services to young children with disabilities who have experienced abuse:

> There is good child development knowledge, period. Then you have a smaller subset of child development, [development] that doesn't go the way we expect. That is a smaller subset but still valuable. And, then within that subset there are kids who have also experienced trauma. And so, a lot of strategies will work all the way up. But we are really talking about a specialized set of skills and techniques [for children with disabilities who have experienced abuse]. (EI1, Systems Level Interview, p. 20)

Another EI interviewee reflected on how abuse and neglect is not explicitly included in EI preparation coursework, beyond the legally mandated reporting practices. She described:

> When you say abuse and disability, that can be very black and white. But when you say kids, zero to three, and families who are struggling and dealing with all these mental health issues and emotional issues, it becomes very gray. . . . That's one of the pieces that is interesting to me. There is a big push for social-emotional development right now, which ties in so naturally with so much of this, but [early childhood professionals] don't always take full advantage of that. (EI3, Systems Level Interview, p. 21)

Content related to disability. The topic of disability was also identified as important to incorporate into pre-service programming, especially for CW professionals. As one of the CW systems interviewees explained:

> [Disability] is always a part of pre-service programs, but it is probably pretty rudimentary. Basically, that [disability] is something to look out for. So, [CW professionals] may have that much going in. I don't think it is being addressed in any meaningful way. (CW3, Systems Level Interview, p. 15)

Furthermore, when another CW systems-level interviewee was asked to reflect upon how well CW professionals are prepared to work with children with disabilities, she replied:

> Not at all. At least not my experience. [CW professionals] have a generalized sense of child and family development and that's it. If they are lucky, they took a course on disabilities, but most graduate schools in social work don't even offer that. Or, they offer one. They may read about [disability] in course work or have done a paper, but they have very limited knowledge about developmental disabilities. (CW3, Systems Level Interview, p. 14)

This CW interviewee went on to detail that, by not meaningfully addressing disability as a topic within CW personnel preparation programs, overall service delivery can be compromised for children with disabilities and developmental delays who have experienced abuse. She stated:

> So, the delay may be the prompter for the abuse, neglect, and or maltreatment or the delay may be a consequence of abuse and neglect. The reality is, the delayed child gets less attention and, many times, gets more delayed. (CW3, Systems Level Interview, p. 8)

This lack of understanding about delay/disability can complicate service delivery in very extreme ways. The interviewees regularly linked the topics of mortality within the CW system and disability status. A CW systems-level interviewee explicated:

> In fatality reviews and critical incidence reviews, one of the things [CW] workers miss on a regular basis is that the child has a developmental delay which may or may not, depending on the incident, play a part of these critical incidences. Often [the delay or disability] is missed in the assessment. (CW3, Systems Level Interview, p. 8)

A cross system understanding of preparation. Professionals recognized that young children with disabilities, despite being supported by two systems, are often not well served by either system. As one CW systems-level interviewee explained:

> [CW professionals] certainly don't have enough skill to do the assessment [of the child], and, even if they had the skill, there is not enough time [in the investigation]. So, they often miss a lot of the [delay/disability] markers. And, then they make a referral to the community-based program that might deal with the developmental disability but they are clueless about abuse. [Community disability programs] may know something is wrong, but they can't nail it on the head in a way that the child welfare can. So really, neither of them can put the disability and abuse pieces together. (CW3, Systems Level Interview, p. 9)

Another CW interviewee explains:

> A lot of workers who come out of school and they have taken their one undergraduate course in child development and their one graduate course in abuse and neglect. The truth is it has never been put together for them. So, they really don't know how to assess where a child is developmentally. (CW3, Systems Level Interview, p. 8)

Interviewees expressed uncertainty about the type and amount of training professionals in the other field receive, and interviewees from both systems had concerns about the other

system's pre-service training offerings. An EI systems-level interviewee described a concern regarding CW professionals and the consistency of content material related to young children with disabilities:

> I don't know what child welfare workers get. I am going to bet [CW personnel preparation] is not uniform. I bet people come to it with all different kinds of information and my guess is that the majority of folks have a social science background. I bet they don't get hardly any child development, which is really concerning when you are thinking about our birth to three population. (EI1, Systems Level Interview, p. 20)

This issue also emerged as important from the program level survey respondents. A CW program-level survey participant stated, "Unfortunately, the risks of trauma on children are not always seen by the early intervention initial evaluators. Children are not getting services that they may need. More training or outreach is needed" (CW Program Level Survey, Open ended response). Another respondent stated, "I feel this is a specialized area and further training and, perhaps, credentialing to work with this population would be helpful to the children" (EI Program Level Survey, Opened ended response).

Interviewees expressed an overall frustration regarding the lack of consistent, comprehensive, and explicitly linked content related to disability and abuse. Interviewees from both systems recognized that neither system prepares professionals well enough to support the needs of young children with disabilities who have experienced abuse.

Structure of personnel preparation programs. Interviewees identified structural components of personnel preparation programs that affect the provision of services for young children with disabilities who have experienced abuse, including the connection between content and actual practice, opportunities to learn concepts, and supervised practicum experiences.

Connecting content to actual practice. Both EI and CW systems-level interviewees described an overarching lack of direct connection between preparation programs and the

realities of service provision for young children with disabilities who have experienced abuse. As one CW interviewee described:

> There is not enough of a connection between what is taught in child welfare graduate programs and what skills they need on the job. So what they get is so broad and theoretical in nature that they don't necessarily get down to the kind of critical decision-making skills that workers actually need in the field. (CW3, Systems Level Interview, p. 10)

Likewise, an EI systems-level interviewee stated:

> Pre-service and in-service people need to have places to go and learn about how to really do these practices in meaningful, honest ways. They need to then go back and implement [practices] and provide guidance and leadership at a program and state level about how to do this in a meaningful and real way. (EI3, Systems Level Interview, p. 26)

When asked to describe why this disconnect occurs, one EI interviewee explained:

> I just think it is really hard to influence because of the dynamics of the system in a university setting, because of how slow it is to be able to change anything in a university setting, any kind of changes in syllabus. [The university setting] is not responsive to the way the world works right now in terms of fast paced, lots of changes, new data, and new information out there. So, in pre-service, I think it is really difficult. (EI3, Systems Level Interview, p. 21)

She went on to detail how the lack of flexibility within the university setting directly impacts her ability to include content specific to young children with disabilities who experience abuse. In particular, she noted that oftentimes the syllabus, content, and/or books for classes are predetermined based on licensure standards with little room or time for adjustment. She noted:

> I am teaching a Families class and I am really pushing the issue that families live in horrible, horrid situations. Many times you don't know what is going on and you need to be aware and they need to be working with the community partners who can support you and that sort of stuff. So, I am pushing it hard, but it is not in the syllabus. That is not what the book talks about. That's not the in expectations that they [early childhood programs] have. (EI3, Systems Level Interview, p. 21)

Opportunities to learn concepts. Interviewees went on to note that the overarching structure of personnel preparation programs often act as a barrier to the provision of services for young children with disabilities who experience abuse. One interviewee detailed:

> It's partly you only have fifteen weeks to do a class. Are you kidding me? That is absurd! To deal with really intense, hard things in fifteen weeks? In theory, one class builds on another class, but that is a bunch of bullsh*t! It doesn't happen in real life. There are all these little separate entities and they don't build. They may build conceptually but they don't build in reality. (EI3, Systems Level Interview, p. 24)

Both CW and EI interviewees noted the importance of providing opportunities to apply what is learned in personnel preparation programs. One CW interviewee explained, "[In child welfare] you get a gamut of everything. . . . You are not just task- or skill- orientated. You have to sit back and actually take the stuff that you learned and apply it" (CW1, Systems Level Interview, p. 5). Similarly, a CW program-level survey respondent stated, "Proper training experiences need to be increased to address the varying needs of all the types of families needing services (CW Program Level Survey, open ended responses). An EI systems-level interviewee described:

> People need knowledge, but, more than that, they need experience. They need to try it. They need to get their hands dirty. So, we need to be able to create experiences. They need videos, home visits, and practicums. People don't learn sitting in classrooms. It doesn't happen. I am sorry. It doesn't happen. (EI3, Systems Level Interview, p. 23)

Supervised experiences. In addition to embedding quality experiences into personnel preparation programs, the importance of quality supervision also emerged as an important issue. As one CW systems-level interviewee stated, "The quality of fieldwork and the quality of field supervision is overall pretty poor" (CW3, Systems Level Interview, p. 12). An EI interviewee echoed the need for quality supervision. She reported, "We've got to figure it out. We've got to get it in practice and we have got to give people the opportunities to experience and really learn in real life situations with good mentors and good leaders" (EI3, Systems Level Interview, p. 27).

Professional development. EI and CW systems-level interviewees were asked to reflect on professional development opportunities and discuss issues related to the provision of services for young children with disabilities who have experienced abuse. Systems level interviewees and

program level survey respondents reported an overall lack of required training opportunities and the siloed nature of the content of professional development offerings.

Required professional development offerings. Currently, EI and CW professionals are not mandated to participate in professional development activities related to disability or abuse. Several participants recognized the overarching disconnect between professional development offerings and professional needs in the field. One CW program-level survey responded noted, "To handle more children from the [CW] system, service coordinators and providers must be better trained" (EI Program Survey, open ended response). Another EI program-level survey participant echoed this:

> Many [EI] providers are not master-level clinicians and do not have the training to deal with social-emotional and mental health issues relating to a family unit. Rather, they are trained to treat the child's presenting issue as it relates to a specific skill deficit. They do not look to see the "whole" picture [in cases of abuse and neglect]. (EI Program Survey, open ended response)

Furthermore, one CW systems-level interviewee noted the training needs are similar across EI and CW systems. She stated:

> I mean, by and large, their [EI] entire population, not entire, but a good chunk of their population are dealing with a lot the same issues that kids in child welfare are dealing with. There is a lot happening within our communities. A lot of poverty and that is not just wards of the state. That is a lot of kids in general. (CW1, Systems Level Interview, p. 20)

Finally, one CW systems-level interviewee noted the importance but limitations of professional development offerings, saying:

> So, professional development is a big issue, but [professional development] doesn't teach the critical thinking skills that the front-line professionals need to have. The knowledge base and the critical thinking of how do you put these two things [disability and abuse] together. That is really the answer to the question. (CW3, Systems Level Interview, p. 9)

Siloed nature of professional development offerings. Beyond providing or requiring professional development related to young children with disabilities who have experienced

abuse, participants noted that depth of the content is critical. One EI systems-level interviewee discussed the need for in-depth information. She stated, "There are other places I would go for information, but I don't think you can do just general information. Like if I were charged with individually supporting a particular child and family. General information is not what I need" (EIX, Systems Level Interview, p. 20).

Professional development opportunities related to the provision of services for young children with disabilities who have experienced abuse were also described as siloed. As one EI systems-level interviewee described, "It is a culture change. We have these siloed services. [Cross-systems] training requirements might help" (EI2 Systems Level Interview, p. 20). Another EI systems-level interviewee noted:

> I do think professional development is an issue. It's about cross-systems training. Everybody who would have to make that [CW] referral should also be aware of the signs of trauma and what to do to support a child once those signs have been identified. It just becomes complicated because we are not talking about small systems. (EI1, Systems Level Interview, p. 19)

Finally, program-level survey participants shared their reflections on professional development opportunities related to young children with disabilities who have experienced abuse. One CW survey participant shared, "I am not as knowledgeable in this area as I wish I was. The little training provided is often not able to encompass all of the concerns surrounding this topic" (CW Program Survey, open ended responses). Similarly, an EI survey participant shared, "There is poor training in working with these families. . . . I think in order for the program to be successful in working with families of children that have been abused, clinicians need better ongoing training opportunities" (EI Program Survey, open ended response).

In sum, pre-service and in-service training opportunities emerged as central issues when considering the provision of services for young children with disabilities who have experienced abuse. Issues of highest importance included content related to child development, relationship-

based practices, and disability embedded into both EI and CW preparation programs. Additionally, issues related to the system siloes and non-required nature of professional development content offered also surfaced as important when considering the provision of services for young children with disabilities who have experienced abuse.

Mesosytem

The mesosystem comprises the linkages and processes between two or more settings (Bronfenbrenner, 1979). In this research study, I primarily examined the linkages between the EI and CW system in the mesosystem using data from the program-level survey. I highlight data from the *Professional Interventionist Child Welfare Survey* (PICS) and the *Organizational Climate Survey* (OCL) and describe how the following constructs from the survey impact the provision of services for young children with disabilities who have experienced abuse: (a) staff resources, (b) mission fit, (c) parent involvement, (d) depersonalization, (e) emotional exhaustion, (f) role conflict, and (g) role overload.

Professional Interventionist Child Welfare Survey. The *PICS* includes 24 items on a 9-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (9). Raw scores were summed for each of three subscales: staff resources, mission fit, and parent involvement. Higher scores on the *PICS* subscales indicate more positive perceptions of working with families referred from CW. The responses from participants in this study spanned the entire range for each of the items. I summarize scale responses here.

PICS staff resources. Items related to staff resources referred to respondents' perceptions of the knowledge and skill of EI service provider to address the needs of children referred to EI from the CW system (see Table 8 for items). Responses to items on the staff resources subscale

suggested that EI professionals had positive perceptions about having the competencies, skills, and information needed to serve families referred to EI from CW and that CW respondents had an even higher positive perceptions about EI professionals' having the competencies, skills, and information to serve families from the CW system. CW professionals reported knowing more EI professionals who attend child abuse professional development opportunities; significant differences ($t(204) = -3.81$; $p = 0.00$) were found between CW caseworkers ($M = 5.6$, $SD = 1.4$) and EI providers ($M = 4.5$, $SD = 2.0$) when asked if EI professionals they knew attended child abuse professional development opportunities. Both EI and CW responses were above the mid-point of the scale for all items related to staff competencies. CW respondents reported knowing more about the process for referring children in CW to the EI system; significant differences ($t(155) = -2.93$; $p = .03$) were found between CW caseworkers ($M = 5.0$, $SD = 2.7$) and EI providers ($M = 4.0$, $SD = 2.3$) when asked if administrators informed them about referrals from the CW system to EI. The lowest means reported were related to program administrators keeping EI and CW professionals informed about the referral process from child welfare and EI system having "enough staff" to address the needs of families in the CW system. Table 8 presents the mean and standard deviation for the *PICS* staff resources subscale.

Table 8

Analysis of Items Related to Staff Resources from PICS

		Early intervention		Child welfare	
Item	*PICS staff resources*	*Mean*	*SD*	*Mean*	*SD*
1	The Early Intervention system has enough providers to cover increased referrals from DCFS.	4.3	2.1	4.0	1.9
6	Early Intervention providers have the necessary skills to provide services to children referred from child welfare.	6.0	2.2	6.4	2.0

(continued)

Table 8 (continued)

Item	*PICS staff resources*	Early intervention		Child welfare	
		Mean	*SD*	*Mean*	*SD*
8	Early Intervention providers have the skills to provide services to children referred from child welfare system.	6.2	2.1	6.6	1.8
9	When parents who have abused their child are referred, Early Intervention providers are able to keep them participating in Early Intervention services.	4.6	1.5	4.7	1.8
12	Early Intervention providers that I know regularly access professional development related to the effects of abuse and neglect.	4.5*	2.0	5.6*	1.4
13	Program administrators have informed me about how referrals from the Child Welfare system to Early Intervention are to be handled.	4.0**	2.3	5.0**	2.7
15	Early Intervention providers that I know are competent to work with children referred from the child welfare system.	6.2	2.2	6.2	1.7
Staff resources overall		5.1	2.1	5.	2.1

Note. n = 242; response scale is 1 to 9; Higher scores indicate more positive perceptions.
*p < .05. **p < .001.

PICS mission fit. Items related to mission fit referred to the extent to which respondents perceived serving children referred from CW as aligned with the mission of EI (see Table 9 for items). Overall, CW and EI respondents were positive about EI services being an appropriate referral source for children receiving CW services. However, significant differences (t(219) = -2.38 ; p = .005) were found between EI (M = 5.5, SD = 2.1) and CW (M = 6.7, SD = 1.9) respondents when asked if children from CW are a priority for the EI system, with CW respondents being more positive about children from CW being a priority in the EI system. Significant differences (t(164) = ; p = .01) were also found between EI (M = 3.9; SD = 2.0) and CW (M = 5.0, SD = 2.0) respondents when asked if EI was designed to serve children from the CW system. CW respondents were more positive in their responses indicating that EI services were designed to serve children from CW. Finally, significant differences (t(187) = -2.16 p = .03) were also found between EI (M = 5.0, SD = 2.3) and CW (M = 6.0, SD = 2.0) respondents

about serving children who do not have developmental delays. CW respondents were more positive about the EI system supporting children without diagnosed developmental delays. Table 9 presents the mean and standard deviation for the *PICS mission fit* subscale.

Table 9

Analysis of Items Related to Mission Fit from PICS

Item	*PICS mission fit*	Early intervention		Child welfare	
		Mean	*SD*	*Mean*	*SD*
2	Serving families referred by the child welfare system is the reason Early Intervention services were designed to begin with, even if the children do not have delays.	3.9*	2.0	5.0*	2.0
5	Serving children referred from child welfare system is a priority for the Early Intervention program.	5.5*	2.1	6.7*	1.9
7	Early Intervention services are an appropriate referral source for children from the child welfare system.	6.9	2.0	7.5	1.7
14	Early Intervention services should serve children referred from child welfare, even if the children do not have developmental delays.	5.0*	2.3	6.0*	2.0
16	Parents whose children have been referred by the child welfare system want to participate in Early Intervention services.	5.0	1.5	5.3	1.5
Mission fit overall		5.2	1.9	6.0	1.9

Note. n = 242; response scale is 1 to 9; Higher scores indicate more positive perceptions.
*p < .05. **p < .001.

PICS parent involvement. Items related to parent involvement referred to respondents' perceptions of the role of parents of young children who have experienced abuse in EI services (see Table 10 for items). Despite concerns that parents may not want to participate, EI and CW professional were positive about the potential role of parents referred from CW in EI services. Overall, CW professionals were positive about parents from the CW system being involved in EI services. Both the CW and EI professionals reported that participation in EI services by parents who abused their child would not diminish the impact of EI services. EI professionals' responses indicated more concern that parents who have abused or neglected their children may be better

served by a program other than EI. Table 10 presents the mean and standard deviation for *PICS parent involvement* subscale.

Table 10

Analysis of Items Related to Parent Involvement from PICS

Item	*PICS parent involvement*	Early intervention		Child welfare	
		Mean	*SD*	*Mean*	*SD*
3	Expecting parents that have abused their child to participate in Early Intervention services is a burden for the parents.	4.0	2.3	3.8	2.7
4	Including parents that have abused their child in Early Intervention services diminishes the effect of the intervention for the child.	4.0	2.3	3.5	1.8
10	Parents that have abused their child and are referred from the child welfare system have too many issues to be effective participants in Early Intervention services.	4.4	1.9	3.7	1.4
11	Young children who have been abused/neglected would be better served by a program other than Early Intervention.	4.4	1.9	4.0	1.6
Parent involvement overall		4.2	2.1	3.8	1.9

Note. n = 242; response scale is 1 to 9. Lower scores indicate more positive perceptions with these items were reverse coded for analysis.

Parent involvement also emerged as a theme from the open-ended survey responses. One EI professional described:

> The most difficult part is that unless the families make it a welcoming and safe environment for the [EI] therapist, many will discontinue with the patient. If a family is difficult to work with, and the environment unsafe, [families] will likely go through many therapists. (EI Survey, Open ended responses, p. 2)

Organizational Climate Survey (OCL). The *OCL* measures individuals' interpretation of the impact of the work environment on their overall wellbeing. The *OCL* uses a 5-point Likert scale, which ranges from *not at all* (1) to *a very great extent* (5). Lower scores on the *OCL* scales indicate a positive organizational climate and higher scores indicate a negative organizational

climate (Glisson & Hemmelgarn, 1998; Glisson & James, 2002). Responses spanned the entire range for each of the items. Scale responses are summarized below.

OCL depersonalization. Items of the depersonalization subscale referred to respondents' experiences with depersonalizing others in their work environment (e.g., parents who had abused their children) or feeling depersonalized (see Table 11 for items). Both EI and CW professionals reported caring about what happens to the families they serve. Similarly, both EI and CW professionals reported feeling close to families they serve. Overall, EI professional responded more positively to the items on the depersonalization scale (i.e., had significantly lower scores that CW respondents, indicating a more positive organizational climate as it relates to depersonalization). First, significant differences ($t(234) = -2.88$, $p = .004$) were noted between EI ($M = 1.8$, $SD = 0.9$) and CW ($M = 2.3$, $SD = 1.2$) respondents when asked if families are treated as "impersonal" objects. Second, significant differences ($t(233) = -.49$, $p = .000$) were also noted between EI ($M = 1.5$, $SD = 1.0$) and CW ($M = 2.3$, $SD = 1.2$) respondents when asked if working in their respective system makes them more callous on the job. Finally, significant differences ($t(233) = -4.00$, $p = .000$) were found between EI ($M = 1.7$, $SD = 0.8$) and CW ($M = 3.0$, $SD = 1.3$) respondents when asked if working in their system tends to make people become calloused and hardened. Overall, CW respondents reported treating families like impersonal objects more regularly, as well as being more regularly emotionally exhausted and callous. The mean and standard deviation for each item is shown in Table 11.

Table 11

Analysis of Items Related to Depersonalization from OCL

Item	*OCL depersonalization*	Early intervention *Mean*	*SD*	Child welfare *Mean*	*SD*
1	Some of the families served by (EI/CW) providers are treated as "impersonal" objects.	1.8*	0.9	2.3*	1.2
2	Staff become more callous towards people when they take a job in the (EI/CW) system.	1.5**	1.0	2.3**	1.2
3	This job hardens people emotionally.	1.7**	0.8	3.0**	1.3
4	At times, I find myself not really caring about what happens to some of the families I serve in the (EI/CW) system.	1.2	0.5	1.3	0.5
5	It's hard for me to feel close to the families I serve in the (EI/CW) system.	1.2	0.4	1.5	1.3
Depersonalization overall		1.5	0.7	2.1	1.1

Note. n = 242; response scale is 1 to 5; lower scores indicate more positive organizational climate.
***p* < .001. **p* < .05.

OCL emotional exhaustion. Items related to emotional exhaustion referred to the respondents' experiences with emotional exhaustion as a result of their job (see Table 12 for items). Both EI and CW professionals reported positively influencing families lives in their respective systems, but CW professionals were significantly more likely to experience emotional exhaustion as a result of their job than professionals working in EI. First, significant differences ($t(232) = -3.32$, $p = .001$) were noted between EI ($M = 2.1$, $SD = 1.0$) and CW ($M = 2.8$, $SD = 1.4$) respondents when asked if they felt emotionally drained from the work. Second, significant differences ($t(234) = -4.29$, $p = .000$) were noted between EI ($M = 2.2$, $SD = 1.1$) and CW ($M = 3.1$, $SD = 1.3$) respondents when reporting feelings of being "used up" from working in their respective systems. Third, significant differences ($t(234) = -4.68$, $p = .000$) were noted when EI ($M = 2.4$, $SD = 1.3$) and CW ($M = 3.5$, $SD = 1.3$) respondents were asked if they were working too hard at their jobs. Finally, significant differences ($t(233) = -5.13$, $p = .000$) were noted

between EI (*M* = 2.0, *SD* = 1.3) and CW (*M* = 3.3, *SD* = 1.2) respondents when asked to report if their co-workers feel like they are "at the end of their ropes." The mean and standard deviation for each item is shown in Table 12.

Table 12

Analysis of Items Related to Emotional Exhaustion from OCL

		Early intervention		Child welfare	
Item	*OCL emotional exhaustion*	*Mean*	*SD*	*Mean*	*SD*
6	I feel emotionally drained from my work in the EI/CW system.	2.1**	1.0	2.8**	1.4
7	I believe I am positively influencing other people's lives through my work in EI/CW.	4.4	1.0	4.1	0.9
8	I feel "used up" at the end of the workday.	2.2**	1.1	3.1**	1.3
9	(EI/CW) providers are burned out from their work.	2.4**	1.1	3.8**	1.2
10	People I work with in the (EI/CW) system are working too hard at their jobs.	2.4**	1.3	3.5**	1.3
11	My (EI/CW) co-workers feel like they are at the end of their rope at work.	2.0**	1.3	3.3**	1.2
Emotional Exhaustion Overall		2.6	1.1	3.0	1.0

Note. n = 242; response scale is 1 to 5; lower scores indicate more positive organizational climate.
**$p < .001$. *$p < .05$.

Emotional exhaustion was also a theme that emerged from the open-ended survey responses. As one CW professional explained:

> The children and families suffer from the high turnover rate. Years of working in the field drains your soul. You have no choice but to leave or your health is jeopardized. How unfortunate ☹ Somebody do something!!! (CW Survey, Open ended response, p. 2)

Similarly, an EI professional explained, "The system is exhausted! The standard of care continues to be less than optimal. [EI] Providers with high profession ethics struggle" (EI Survey, Open ended response, p. 1).

OCL role conflict. Items related to role conflict referred to respondents' experiences with conflicts between their perceived job description and other roles they assume (see Table 13 for

items). Both EI and CW professional reported being moderately impacted by the demands of administrators, rules and regulations, and inconsistencies within their respective systems. However, significant differences were noted between EI and CW professionals. Compared to professionals from EI (*M* = 1.4, *SD* = .7), CW professionals reported being impacted by job duties that were against their better judgment (*M* = 2.3, *SD* = 1.4; *t*(236) = -2.66, *p* = .000). Furthermore, CW professionals reported the amount of work affects how well their work gets done (*M* = 3.4, *SD* = 1.3) to a greater extent than EI professionals reported (*M* = 1.9, *SD* = 1.0; *t*(238) = -7.61, *p* = .000). Finally, CW professional reported CW services are often overlooked because of bureaucratic concerns (*M* = 3.4, *SD* = 1.2) more than EI professional reported such an experience (*M* = 2.4, *SD* = 1.1; *t*(238) = -3.15, *p* = .000). The mean and standard deviation for each item on the *role conflict* subscale is shown in Table 13.

Table 13

Analysis of Items Related to Role Conflict from OCL

		Early intervention		Child welfare	
Item	*OCL Role Conflict*	*Mean*	*SD*	*Mean*	*SD*
12	I end up doing jobs that should be done differently.	2.1**	1.5	3.1**	1.2
13	I have to bend rules in order to carry out assignments.	1.6	1.1	2.2	1.0
14	I feel unable to satisfy the conflicting demands of my administrators/supervisors.	2.0	1.7	2.7	1.5
15	My job within the (EI/CW) system interferes with my family life.	1.7**	0.8	2.7**	1.3
16	The interests of the families receiving (EI/CW) services are often overlooked because of bureaucratic concerns (e.g., paperwork).	2.4**	1.1	3.4**	1.2
17	(EI/CW) rules and regulations often get in the way of getting things done.	2.5	1.1	3.2	1.3
18	The amount of work I have to do interferes with how well it gets done.	1.9**	1.0	3.4**	1.3

(continued)

Table 13 (continued)

Item	*OCL Role Conflict*	Early intervention		Child welfare	
		Mean	*SD*	*Mean*	*SD*
19	I have to do things on the job that are against my better judgment.	1.4**	0.7	2.3**	1.4
20	Inconsistencies exist among the (EI/CW) rules and regulations that I am required to follow.	2.4	1.4	3.0	1.3
Role Conflict Overall		2.0	1.1	3.3	1.4

Note. n = 242; response scale is 1 to 5; lower scores indicate more positive organizational climate.
**$p < .001$.

Additionally, role conflict also emerged as an important theme in the open-ended survey responses. As one CW professional noted:

> The [CW] system is constantly changing and new protocols are designed weekly or so it seems! The turn over rate among workers is extremely high. This causes more inconsistencies in the client's lives. The change in a worker causes tasks to go undone and client's needs [to go] unmet too often. (CW Survey, open ended response, p. 1)

OCL role overload. Items related to role overload referred to respondents' experiences of stress, excessive expectation, and other factors (see Table 14 for items). Overall, there were significant differences between EI and CW professionals' role overload. Compared to professionals in EI, professionals from CW reported showing more signs of stress at work (M = 3.9 SD = 2.4; $t(238) = -6.62$, $p = .000$), working irregular hours on a regular basis (M = 3.7, SD = 1.3; $t(239) = -5.51$, $p = .000$), and more feelings that there is always more to do (M = 4.1 SD = 1.2; t (238) = -5.02, $p = .000$). EI professionals reported being under less stress than their CW counterparts and feeling that the amount of work they are responsible for does not keep them from doing a good job. The mean and standard deviation for each item is shown in Table 14.

Table 14

Analysis of Items Related to Role Overload from OCL

Item	*OCL Role Overload*	Early intervention		Child welfare	
		Mean	*SD*	*Mean*	*SD*
21	My coworkers in the (EI/CW) system show signs of work stress.	2.4**	1.2	3.9**	1.2
22	When providing (EI/CW) services, I have to work irregular hours.	2.4**	1.2	3.7**	1.3
23	No matter how much is done, I feel there is always more work to do.	2.9**	1.3	4.1**	1.2
24	The amount of work I have to do in the (EI/CW) system keeps me from doing a good job.	1.6**	1.0	2.6**	1.2
25	I regularly work beyond my mandated work hours.	2.7**	1.5	3.7**	1.3
26	There are not enough people in the (EI/CW) system to get all of the work done.	3.0**	1.4	3.9**	1.2
27	I feel there is not enough time to complete my (EI/CW) work tasks.	2.2**	1.3	3.7**	1.2
28	Working in the (EI/CW) system, I am under a lot of pressure.	2.0**	1.1	4.0**	1.3
Role Overload Overall		2.4	1.2	3.7	1.2

Note. n = 242; response scale is 1 to 5; lower scores indicate more positive organizational climate.
**$p < .001$.

Role overload also emerged as an important theme in the open-ended survey responses. As one EI professional noted:

> I feel that service coordinators are underpaid and overworked. I feel that a lot of people quit due to high stress and low pay of the job. Ultimately the high turn over in coordinators leads to poor services for children and families. (EI Survey, Open ended response, p. 3)

Summary of mesosystem findings. In sum, significant differences were found when comparing EI and CW participant responses on both the PICS and OCL surveys. In comparison to EI respondents, CW respondents had slightly more positive perceptions of the EI system's role of supporting children who have experienced abuse and neglect and of how and why abusive parents should be involved in EI services. Overall, CW respondents reported a more negative

organizational climate in relation to emotional exhaustion, depersonalization, and role conflict and overload, than EI respondents reported.

Microsystem

The microsystem in this study focused on the interactions of individuals within a single team who participated in a case study. This team was comprised of a 2-year-old child, Jocelin, her family, and the EI and CW professionals supporting them (see Table 15). I drew data from local-level case study interviews, communication logs, and relevant documentation. I first present the data in three sections: (a) Jocelin's birth story, (b) the abusive incident, and (c) the formation of the team. Then, I describe three patches, or special stories or dialogues of central importance to the case study (Stake, 2010), about the team's story. Finally, I highlight power and equity issues that emerged related to personal responsibility and sacrifice.

Table 15

Case Study Team Members

			Employed by:	
Pseudonym	Role	Language spoken[a]	EI	CW
Jocelin	Child	English/Spanish	--	--
Bria	Biological mother	*English*/Spanish	--	--
Franco	Biological father	--	--	--
Felice	Foster parent/maternal grandmother	English/*Spanish*	--	--
Dana	Developmental therapist	*English*/Spanish	X	
Sydney	Speech language pathologist	*English*/Spanish	X	
Olivia	Occupational therapist	English	X	
Priscilla	Physical therapist	English/*Spanish*	X	
Sal	Service coordinator	English/*Spanish*	X	
Claudia	Child welfare caseworker	English/*Spanish*		X

[a]Italics indicates primary language spoken.

Jocelin's birth story.

"Jocelin was [a] happy, happy, happy baby!"
(Felice, Case Study Communication Log, week 5)

On January 6, 2013, Jocelin was born full term without medical complications to her mother, Bria, and father, Franco. Bria and Franco (unmarried) lived in a large urban area with Jocelin, her older half brother (age 2), and older half sister (age 7). Jocelin was a very happy and social baby who enjoyed watching Elmo™, Dora the Explorer™, and playing with her older siblings. Jocelin was developing typically, cruising and crawling just as a child her age would be expected to do (Rehabilitation Center, Medical Discharge Summary, p. 2; Felice, Case Study Communication Log, week 5). Jocelin and her siblings regularly attended daycare at her grandmother, Felice's home daycare center in the same large urban area. Jocelin's family regularly had family barbeques and gatherings with uncles, aunts, and cousins, and neighbors.

The abusive incident.

"She was like a newborn again."
(Felice, Case Study Communication Log, week 1)

On January 12, 2014, Jocelin, then 12 months old, experienced a traumatic abusive event that dramatically changed the trajectory of her development. Jocelin's biological father, Franco, intentionally, dropped her on her head, causing a traumatic brain injury, fracture of the parietal bone, subarachnoid/subdural hematoma, hypernatremia, syndrome of inappropriate antidiuretic hormone production (SIADH), and abnormal electroencephalogram (EEG). On January 22, 2014, Jocelin underwent a craniotomy with duraplasty surgery to remove a portion of the left side of her brain and fuse the fracture in her skull (Rehabilitation Center, Initial Evaluation, p. 2; Sydney, EI Six Month Evaluation, p. 1).

On January 28, 2014, the state child welfare services took protective custody of Jocelin and her siblings. Franco was restricted from visitation and eventually went to jail (Felice, Case

Study Communication Log, week 6). On January 30, 2014, Jocelin was transferred from the hospital to a rehabilitation center to receive follow-up treatment. There, Jocelin received 2 hours of occupational, physical, and one hour of speech therapy three times a week. Jocelin was discharged from the rehabilitation center on April 3, 2013 and moved in with her maternal grandmother, Felice. Felice agreed to become the kinship foster parent for Jocelin and her two older siblings. Felice primarily speaks Spanish in her home but is comfortable with English and prefers not to use an interpreter, except, on occasion, for team meetings (Olivia, Case Study Interview 1, p. 3). Professionally, Felice operates a licensed daycare center in her home serving a maximum of 12 children. Felice opens the daycare 6 days per week at 6:00 AM and offers care until midnight to meet the needs of the families in her community with late-shift hours or multiple jobs. Felice invited her friend to come live with her, assist with the daycare, and care for Jocelin and her siblings (Felice, Case Study Communication Log, week 5).

The formation of the team.

"Everybody really cares about Jocelin."
(Olivia, Case Study Interview 1, p. 6)

On June 16, 2014, 5 months after the abusive incident, when Jocelin was 18 months old, she was evaluated by a team of EI professionals and determined eligible for EI services. The multidisciplinary EI team used a variety of assessment tools to determine that Jocelin had delays in the areas of adaptive, cognitive, communication, motor, and social-emotional development (see Table 16; EI, IFSP document, p. 3). In Jocelin's case, eligibility, evaluation, and the development of her initial Individualized Family Service Plan (IFSP) occurred with one group of professionals (n = 5), but the actual direct EI services were provided by another group of professionals (n = 5). None of the professionals participated in both the evaluation and the

provision of direct services. This was not atypical for the EI system in the state in which the case study was situated.

Table 16

Jocelin's Early Intervention Evaluation Results

Developmental domain	Assessment tool	Percent delay	Age equivalent
Adaptive development	Hawaii Early Learning Profile (HELP)	18	14 months
Cognitive development	Hawaii Early Learning Profile (HELP)	29	12 months
Communication development			
Expressive	Rossetti Infant Toddler	35	11 months
Receptive	Language Scale (RIATLS)	18	14 months
Motor development			
Fine Motor	Peabody Developmental	35	11 months
Gross Motor	Motor Scales (PDMS-2)	65	6 months
Social emotional development	Hawaii Early Learning Profile (HELP)	18	14 months

In July of 2014, Jocelin began receiving direct EI services. Jocelin's IFSP included authorizations for a total of 6 hours of EI direct services delivered weekly by four EI professionals in developmental (1 hour), occupational (2 hours), speech/language (1 hour), and physical (2 hours) therapy (EI, IFSP document, p. 4). The philosophy of EI service delivery is to support families by integrating therapy into daily routines and activities to optimize the child's development (Keitly, 2010). Thus, each therapist delivered services through weekly 60-minute visits in Felice's home. The OT and PT visited two times each week for 60 minutes.

In addition to EI services, Jocelin continued to receive services from the CW system. Claudia was Jocelin's caseworker, and her role within the CW system was to interact with Jocelin's biological mother, foster parent, and the court system (Claudia, Case Study Interview,

p. 2). Over the course of the 10-week case study, Claudia's communication with Felice and Bria focused on the reunification of Jocelin and her siblings with Bria, their biological mother (Claudia, Case Study Interview, p. 3). Claudia was also responsible for updating and making recommendations to the court systems about the overall health and wellbeing of Jocelin and her siblings (Claudia, Case Study Interview, p. 5).

Turnover. Four of Jocelin's service providers changed between February 2014 to April 2015: (a) the EI occupational therapist, due to maternity leave; (b) the EI speech-language pathologist, due to maternity leave; (c) the EI service coordinator, due to resignation; and (d) the CW caseworker, due to case reassignment (Olivia, Case Study Interview 1, p. 1; Sydney, Case Study Interview 1, p. 1; EI Six-month Evaluation, p. 1; Leta, recruitment phone call, 1/5/15). These service providers were not invited to participate in this study.

Jocelin's current team. At the time of this study (January-April 2015), Jocelin's team consisted of eight people: Jocelin, her caregivers (n = 2), professionals from EI (n = 5), and a CW professional (n = 1). Jocelin received a total of 6 hours of EI therapy services each week: 1 hour of speech-language, 1 hour of developmental, 2 hours of physical, and 2 hours of occupational therapy (see Table 17). The professionals on the team were from varied backgrounds and had a range of experience in their respective fields, ranging from 4 months (service coordinator) to 23 years (speech-language pathologist). See Table 17 for information about the team members.

Table 17

Jocelin's Current Team

Pseudonym role	Time on team	Years of experience	Type of provider	Visits
Felice Foster parent	11 mo.	N/A	N/A	N/A
Bria Biological parent	11 mo.	N/A	N/A	1-4 visits/ week
Dana Developmental therapist	11 mo.	3 years	Independent	1 60-min. visit /week
Sydney Speech language pathologist	9 mo.	23 years	Independent	1 60-min. visit /week
Olivia Occupational therapist	5 mo.	1.5 years	Agency	2 60-min. visits /week
Priscilla Physical therapist	11 mo.	--	Agency	2 60-min. visits/ week
Sal EI service coordinator	4 mo.	4 mos.	Agency	1 visit/month
Claudia Child welfare caseworker	11 mo.	2 years	Agency	3 visits/month

The team's knowledge of the abusive incident. While all of the EI team members were aware that Jocelin had been abused as a baby, the exact details of the abusive incident and subsequent developmental implications were unclear to most of the members of the team. Several team members reported cobbling together information from reports, from other professionals, and from details Felice shared during the course of receiving EI services. Dana, the developmental therapist on the team since Jocelin's began receiving EI services, explained, "I had nothing from child welfare. I was given the child. I called and set it up and we are just going. Everybody is just doing what we are supposed to do" (Dana, Case Study Interview 1, p.

5). Similarly, Olivia, the occupational therapist who joined the team 2 months prior to the beginning of the case study, described:

> I didn't feel like I was really prepared. I took on this case from a previous OT that went on maternity leave. I tried to find out about Jocelin. It was very brief: she was abused as a baby. It wasn't in great detail. So, I had to go to her initial evaluation, read the medical history, but I wanted a little bit more because Jocelin's case is so sensitive and fragile. I wasn't as prepared as I would have liked to be [for] Jocelin's case and being culturally sensitive to the situation and all the different dynamics of it that I am running into. (Olivia, Case Study Interview 1, p. 5)

Unlike the EI team members, Claudia, the CW caseworker, knew the extent of the abusive incident and the criminal justice proceedings for Bria and Franco (biological parents). However, she did not know the extent of Jocelin's participation in EI services. She explained:

> I have their [EI professionals] cards in my office. I know they are from intervention. . . . I really don't interact with the team. There hasn't been a crisis where they would be seeking me out. Usually that is what happens. If [the child] is working with a therapist and the therapist feels something is not right, that is when they start looking for me. The only time I try and get something from them is when we are going to court. They usually type up reports, and usually Felice will give those to me. (Claudia, Case Study Interview 1, p. 10)

Three case study patches. To share the rich and detailed story of Jocelin, I organized the case study data collected over a 10-week period into three patches, or special stories or dialogues that are central the case study (Stake, 2010). I provide comprehensive descriptions of: (a) Jocelin's weekly services; (b) the team's experience of meeting Jocelin's biological mother; and (c) the plan to legally reunify Jocelin and her biological mother.

Patch 1: Jocelin's weekly services. "*For grandma, it is just people coming in and out [of her house]. Because it's a lot! She might not remember all of our names, but that's alright"* (Dana, Case Study Interview 2, p. 6). During the 10-week case study, the team members provided therapy services to Jocelin in Felice's home. For the majority of that time, Felice had EI professionals in her home to work with Jocelin every day of the week (see Figure 4), although some weeks this schedule changed due to illness, weather, and schedule conflicts. Dana (DT),

Sydney (SLP), and Olivia (OT) reported that they removed Jocelin from the home day care routine into a quieter area to have their therapy sessions. Because of her work responsibilities in the in-home daycare, Felice was unable to fully participate in the majority of the therapy sessions. Sydney explained:

> Felice is occasionally present in the home. She does not sit through the session. I will be honest, most of the time she is in her room sleeping or she is not there. So, that has been a little frustrating. But it is because she is running a daycare out of her home and there are other kids that she is attending to all day. (Sydney Case Study interview 1, p. 3)

However, Dana, Sydney, and Olivia all reported taking time (5-10 minutes) at the end of their therapy sessions to talk to Felice, sharing how Jocelin's therapy went, answering her questions, and explaining techniques to her that she could use with Jocelin (Dana, Sydney, Olivia, Communication Logs and Dana, Sydney, Olivia, Case Study Interviews 2). Olivia, the OT, described:

> Felice is not always in the treatment session with us, but at the end of the session, she is open to hearing how [Jocelin] did and what we worked on. She just typically is not present during the actual session. (Olivia, Case Study Interview 1, p. 3)

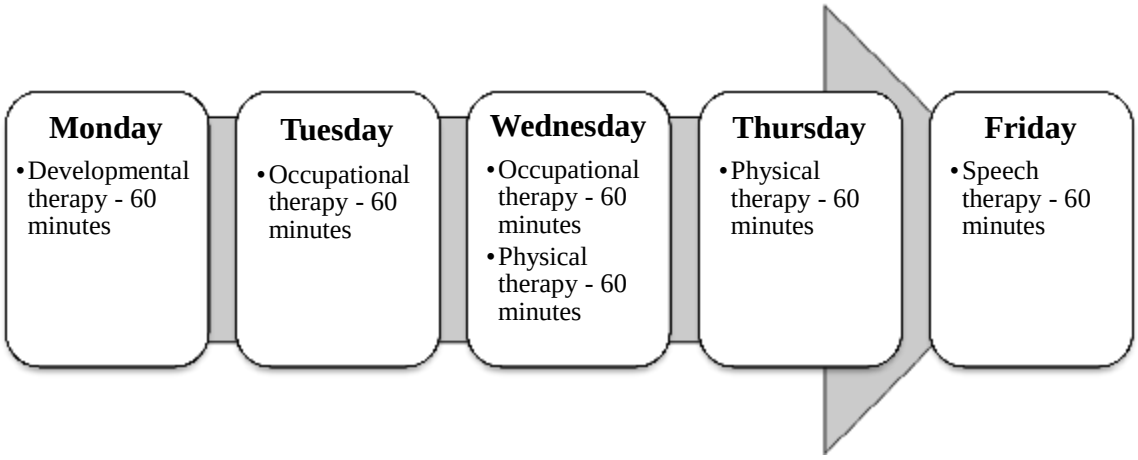

Figure 4. Jocelin's weekly therapeutic schedule.

Team communication. The amount of communication and who communicated with whom varied greatly across the team members during the 10 weeks in which data were collected for this case study (Time spent communicating, All case study communication logs). Figure 5

displays the frequency with which each team member communicated with the other members of the team. Only two members of the team communicated at one time; no group communication exchanges were reported. Felice, the foster parent, documented communicating with the most members of the team and with the most frequency. Claudia (CW caseworker) communicated with the fewest members on the team, only communicating with Felice (foster parent) and Bria (biological mother) over the 10 weeks (see Figure 5).

The team members reported communicating for a total of 5 hours (300 minutes) over the 10-week period. The sum of all communication exchanges between team members averaged 30 minutes each week, with each team member engaging in an average of almost 4 minutes of communication each week (8 team member x 3.75 minutes of communication = 30 minutes) (Case Study, All Communication Logs). Felice primarily communicated with the other team members in person (88% of exchanges), on the phone (10%) or via text messaging (2%; see Figure 6). The professionals communicated with other team members in person (in passing between in-home EI appointments) in 55% of all exchanges, on the phone in 30% of exchanges, and through text messaging in 14% of exchanges. No communication took place via email or formal team meetings (see Figures 6 and 7).

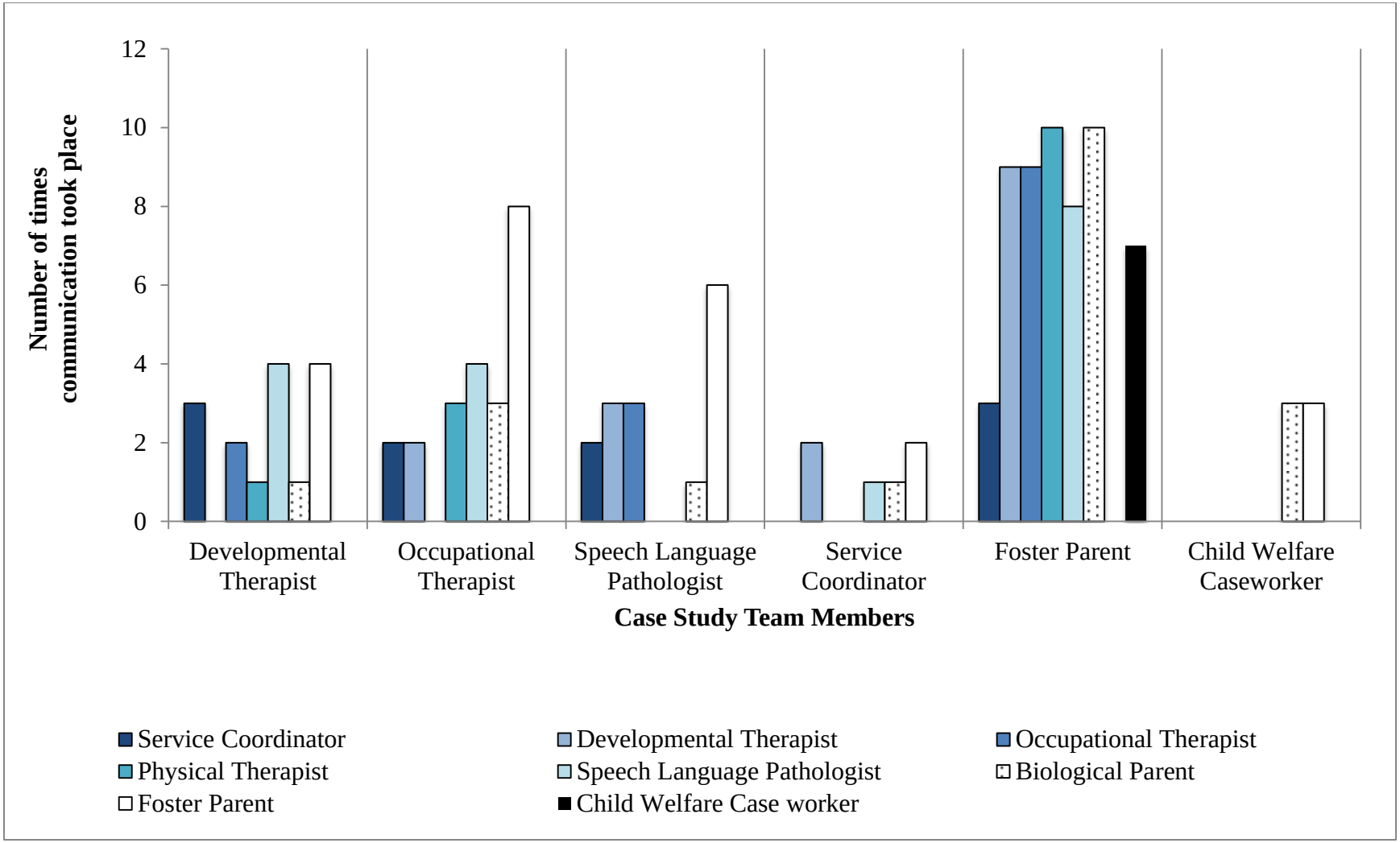

Figure 5. The communication exchanges of the team over 10 weeks**.**

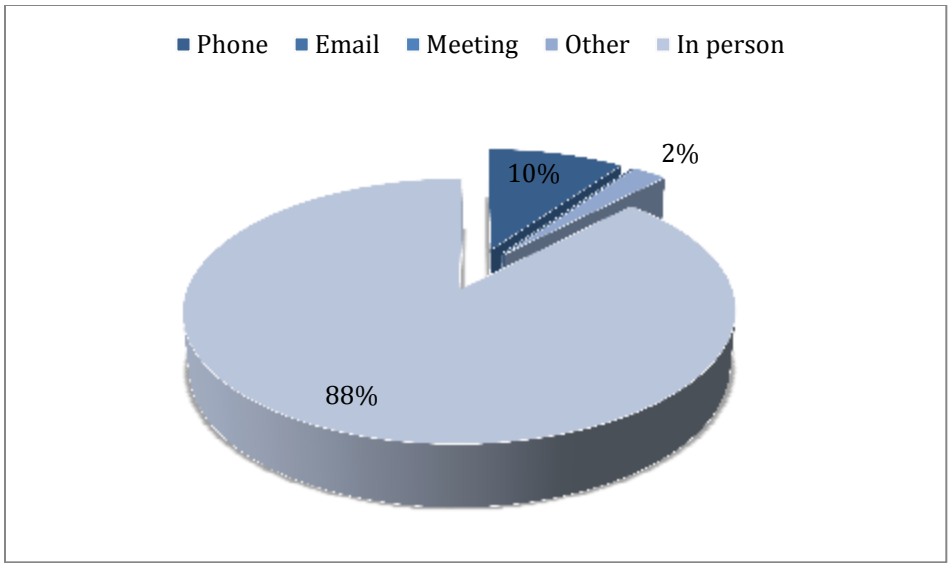

Figure 6. Chart of Felice's (foster parent) communication with other team members by type.

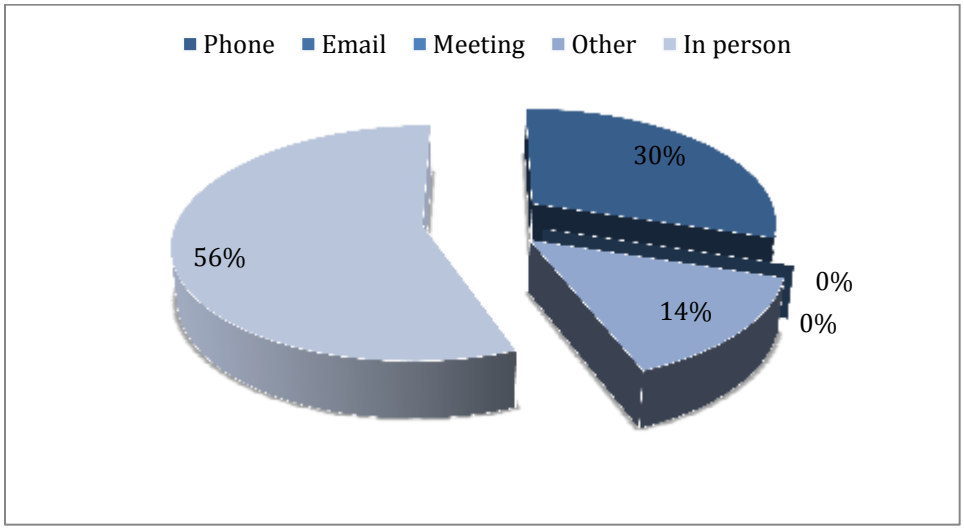

Figure 7. Chart of professinal team members' communcation by type.

In the weekly communication logs, I aksed participants to identify the topics covered in their communication with other team members. The most frequently identified topics were (a) attempts to schedule therapy sessions, (b) discussion of intervention strategies and home implementation procedures, and (c) sharing about Jocelin's overall developmental progress. I also asked participants to denote the priority level of each communicative exchange in their log using the following rating scale: (a) *high*, indicating urgent; (b) *medium*, indicating important, and (c) *low*, indicating nonessential communication. When comparing the priority levels reported

by Felice and the priority levels reported by professionals on the team, Felice categorized a majority of her commuicative exchanges as *low* (91% of exchanges), whereas the professioanls on the team categorized a majority of their exchanges as *medium* (76% of exchanges; see Figures 8 and 9; Case Study, All Communication Logs, Priority of Communication).

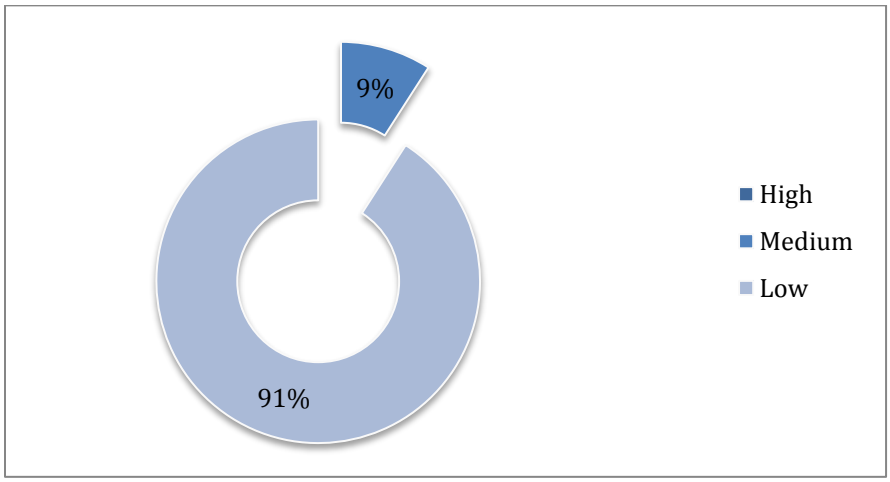

Figure 8. Chart of Felice's (foster parent) rating of the priority level of her communication exchanges with other members of the team.

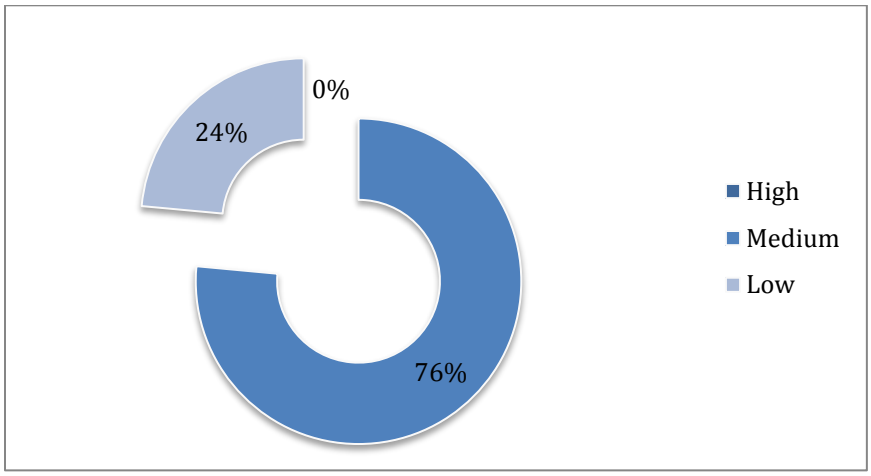

Figure 9. Chart of professionals' rating of the priority level of her communication exchanges with other members of the team.

Confusion identifying the team members. At the beginning of the case study, I had difficulty identifying the members of the team, even with assistance from, the lead EI service coordinator. Three issues added to this initial confusion.

First, none of the EI professionals had met or ever communicated with Bria, Jocelin's biological mother. One EI professional reported, "There has also been nothing on the part of [biological] Mom. Jocelin is going home with Mom in July, but Mom hasn't met any of us [EI professionals]. She doesn't know what any of us are doing" (Sydney, Case Study Interview 1, p. 4).

Second, the EI service coordinator and occupational therapist were new to the team and were unknown to the majority of the other team members. At the beginning of the case study Sydney, the speech pathologist, described, "Right now, the biggest issue is we don't have a [EI] service coordinator. We need one. Also, the child welfare piece, what is going on? Then the fact that [biological] Mom is MIA [missing in action] is a little test" (Sydney, Case Study Interview 1, p. 11).

Third, the CW caseworker was unknown to all of the team members except Felice (foster parent) and Bria (biological mother; Leta, Recruitment phone call, 1/5/15; Dana, Sydney, Olivia, Case Study Interview 1). Dana, the developmental therapist, described, "I don't have any of [the CW] caseworker's information. He/she has never called me for any specific reason, to ask questions, or to ask how Jocelin is doing or anything like that" (Dana, Case Study Interview 1, p. 9). Similarly, Sydney, the speech language pathologist, expressed, "Normally, I do get a call [from CW]. Maybe not right away, but Jocelin has been in our system for a while. Nobody has called. I have heard nothing" (Sydney, Case Study Interview 1, p. 10).

At the conclusion of the case study, most team members had met and communicated with each other except for the CW caseworker; she had only met and communicated with Felice and Bria. The only communication exchanges among professionals occurred within the EI system, with the OT, DT, and SLP reporting that they had communicated with one another at least once

over the course of the 10-week case study. Thus, during the case study, Felice was the only member of the team who could identify and reported communicating with all of the members of the team (see Figure 10).

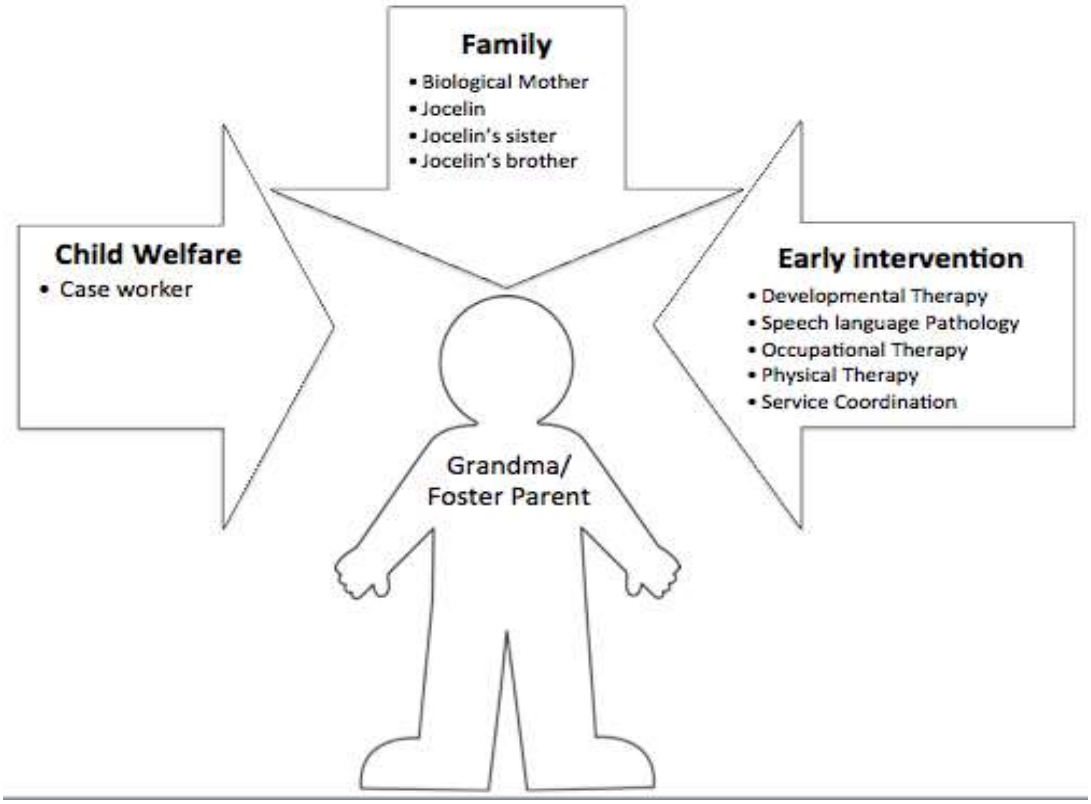

Figure 10. Graphic of how services were provided to Jocelin.

At the conclusion of the data collection, the professionals from the EI and CW system on Jocelin's team had yet to communicate directly with one another. Overall, little communication occurred amongst the professionals in general and the team depends heavily on Felice to bridge the communication between EI and CW professionals. Finally, despite much confusion over Jocelin's reunification plan with her biological mother, none of professionals classified any of their communication as urgent.

Patch 2: Jocelin's biological mother. As previously discussed, EI services are designed to be family centered (Keilty, 2010). In Jocelin's case, being family centered proved difficult for the case study participants for several reasons. First, Jocelin lived with her maternal grandmother

and the EI therapists did not have built-in opportunities to interact with Bria, the biological mother, who lived in another part of the large urban area. Sydney, the speech pathologist, expressed frustration in not knowing who biological mother was and that biological mother did not know about the EI services. She stated:

> When there is a child who has been abused and the parent is trying to get the child back, there should be a policy that [the biological parent] needs to attend therapy sessions to learn what is going on. Especially in this case because Jocelin has brain damage. This isn't going away tomorrow. This will affect her for the rest of her life and [biological] Mom needs to understand that. She needs to see what we are doing. I do think it should be a policy that child welfare contacts us. (Sydney, Case Study Interview 1, p. 11)

The team members meet biological mother. During the seventh week of the case study, all of the EI professionals met Bria, the biological mother, in person for the first time. Dana, the developmental therapist, described her first meeting with Bria:

> I was working with Jocelin on the floor. Someone was standing behind me and Jocelin was really looking at her. And I turned and said [to Jocelin], "Who is that?" And the woman said, "I am Mom." I said, "Oh my gosh, hi!" and I stood up and shook her hand and introduced myself. (Dana, Case Study Interview 2, p. 5)

Similarly, Olivia, the occupational therapist, explained:

> "Before these ten weeks, I hadn't met the mom and now I have had the chance to meet with her three times. . . . So, our first encounter was over the phone. She called me after Felice gave her my cell phone number. I let her [Bria] know what my schedule was, when I see Jocelin and when the speech therapist visits Jocelin because we see her back-to-back essentially. (Olivia, Case Study Interview 2, p. 1)

Sydney, the speech language pathologist, explained:

> So, I didn't request it [meeting biological mother], but then she just happened to be there the following Wednesday. She came and sat through most of the session with us and Jocelin did really well. Jocelin was very happy that Mom was there. (Sydney, Case Study Interview 2, p. 9)

I asked the case study participants to share why they thought this moment came about. All of the EI professionals reported they thought Felice might have encouraged Bria to attend

some of the EI the sessions while she had a few days off of work. Sydney, the speech pathologist, described her experience:

> I don't know if it came from Felice because I said something to her like, "Mom needs to learn what we are doing. It would be really helpful if mom could come [to EI sessions] at some point." And, Felice was like, "Well, she works really far and blah blah blah." And then one week Mom just was there. And, I was like, "Oh, great!" (Sydney, Case Study Interview 2, p. 2)

Biological mother as an observer. While Bria was able to attend at least one session of each of Jocelin's therapy services, all of the EI professionals described Bria as a friendly spectator who, for the most part, observed. Sydney recounted:

> I explained Jocelin was going to need continuing therapy. We talked a little bit about what might happen when Jocelin goes home with her and is returned to her custody. She was very nice. She was present. She wasn't that curious about what was going on though. . . . I asked her if she had questions but she didn't have any. (Sydney, Case Study Interview 2, p. 9)

Olivia, the occupational therapist explained:

> Once she [biological mother] came to the session, Jocelin was extremely engaged. There would be times where the mom would leave the session and not participate. Overall, Mom wasn't an active participant. She was more of an observer. I tried to do some coaching and training, and explain what I am doing, but I didn't want to be overbearing or overwhelming. (Olivia, Case Study Interview 2, p. 5)

Patch 3: The plan to legally reunify Jocelin with her biological mother. *"I have no idea what [the transition home] will be like . . . I just don't know how she [biological mom] will pull it off"* (Sydney, Case Study Interview 2, p. 3). After the abusive incident took place, Bria, Jocelin's biological mother, lost her legal parental rights. Since the incident, she has been working to regain custody of her three children. Immediately after the abusive incident, Bria was restricted from seeing and interacting with Jocelin. However, after the investigation determined she was not involved in the abusive incident, Bria gradually increased contact with her children through weekly visits. To regain full parental custody, Bria was responsible for regularly balancing her full-time employment with attending court-authorized alcohol/substance abuse

class, parenting class, and anger management class each week. Bria was expected to complete these classes to show the court system she was making appropriate progress to regain parental custody of her three children, including Jocelin (Claudia, Case Study Interview 1, p. 6). None of the EI professionals were aware of the steps Bria was legally required to complete to regain custody of Jocelin (Dana, Sydney, Olivia, Sal, Case Study Interview 1; Dana, Sydney, Olivia, Sal, Case Study Interview 2). As of April 2015, Bria had made adequate progress and Jocelin was on a path to return home to her in May 2015 (Claudia, Case Study Interview 2, p. 3).

Reunification plan at the beginning of the case study. I learned Jocelin was on a path to returning home during the first round of case study interviews with the EI professionals. While the EI professionals were aware of the reunification plan, their understanding of the details of the plan was limited. Sydney, the speech language pathologist, described, "Felice has discussed that Jocelin is going home with Mom in July. Mom hasn't met any of us and doesn't know what any of us are doing" (Sydney, Case Study Interview 1, p. 4). Similarly Olivia, the occupational therapist, explained:

> I am not completely in the dark. I know that the plan is for Jocelin to go back with her mother. I know that Jocelin has been visiting with her mother on a weekly basis, but that is all I know. I don't know any other information. (Olivia, Case Study Interview 1, p. 8)

At the beginning of the case study, Sal, the EI service coordinator, had the least amount of information about the reunification plan. At this point, Sal had been a service coordinator for only two weeks and had just been assigned Jocelin's case. Sal revealed feelings of uncertainty about inquiring about the reunification plan during his first meeting with Felice. Sal stated:

> I don't talk to mom. I tried to talk about that with Felice but I felt bad at that time. I didn't feel comfortable about it. I didn't want to upset her, you know. It was my first meeting with her. So I talked about the therapy services. (Sal, Case Study Interview, p. 8)

Sydney, the speech pathologists, expanded slightly on the reunification plan. She explained, "Felice told me there is no room at Mom's place for all of us [EI professionals] to

come. So, Jocelin will just continue with what is going on now [going to Felice's for EI services each day]" (Sydney, Case Study Interview 1, p. 5). In contrast, Claudia, the CW caseworker, was involved in creating and monitoring the reunification plan. Claudia explained that Bria had been making appropriate progress and Jocelin would be reunified with her shortly. She stated, "I have never had a problem with the family. They are making good progress and Jocelin is scheduled to return home in May" (Claudia, Case Study Interview 1, p. 7).

Reunification plan at the end of the case study. During the course of the 10-week case study, the reunification plan remained an important topic to all of the team members, but the team members learned very little over that time about the anticipated reunification of Jocelin and Bria, her biological mother. While all participants recognized Bria had made steps to be involved in Jocelin's services, all the EI professionals expressed concern about the transition slated for May. When asked about the reunification plan, Sydney, the speech pathologist, stated:

> At that point, for the transition to home, we are just going to see how it plays out. Honestly, Mom seems very concerned with Jocelin and cares about her. She didn't have any questions, but I got the vibe that she feels like Jocelin is going to be fine. But, she is not. She is going to need a lot of support. I think she can tell that but I think sees progress and she is thinking, "Oh, she is doing good." (Sydney, Case Study Interview 2, p. 10)

Olivia, the occupational therapist, also explained:

> I am not sure what is going to happen, so my concern is based on clarity. So who is actually going to be taking care of Jocelin? Where is Jocelin going to be during the day? Is Jocelin moving? What is that environment like for Jocelin? As far as logistics, I don't even know what that environment is going to look like for Jocelin [at biological mother's house]. Or is Jocelin is going to stay with her grandma? (Olivia, Case Study Interview 2, p. 7)

Similarly, Dana, the developmental therapist, shared:

> I worry about it [the transition]. When Jocelin does make that transition, we really need to help Mom understand all of the components that come with these different therapies. [We need to] make sure that mom understands and that she follows through with everything. (Dana, Case Study Interview 2, p. 11)

Issues related to social justice, equity, power, and politics. As discussed in Chapter 1, I chose to frame this research study by adopting a transformative lens. The transformative belief system allowed me to make methodological choices to capture reality in an ethical manner to potentially lead to the enhancement of social justice (Mertens, 2005). Through the 10-week case study, important factors related to social justice, power, and equity emerged. In this section, I highlight issues related to social justice, equity, politics, and power: Felice and Bria's responsibilities and their sacrifices.

Felice and Bria's responsibilities. Throughout the 10-week case study, I was struck by the sheer amount of responsibility placed on Felice. I highlight three instances where social justice, power, and equity issues complicate her personal responsibilities.

Language. First, Felice primarily speaks Spanish in her home but she reported being comfortable speaking English. Eight out of the nine team members reported being bilingual. However, since Felice reported she was comfortable using English, the team reported regularly communicating with Jocelin and Felice in English primarily, using Spanish only when necessary. It is unclear if the primarily English language approach with this family is truly valuing this family's culture and preference or if it is more convenient for the EI and CW professionals.

Integrating therapy. Second, each week, the EI professionals would leave a "therapy note" after their session. These notes summarized what took place during the therapy session and provided ideas for activities or Felice to try with Jocelin at home before the next session (commonly referred to as "homework" by the therapists). All of the EI professionals left these notes for Felice in English (All Case Study Therapy Notes). Additionally, these notes were filled with professional jargon and symbols. Not surprisingly, Felice did not view these notes as a means of getting information. Instead, she reported saving and sharing these notes with Claudia,

the CW caseworker, to document Jocelin's participation and progress in EI services (Felice, Case Study Interview 2, p. 5). Several EI professionals explained they might try supplementing Felice's weekly notes with handouts or homework in the future; one provider stated, "I feel like it is not all sinking in with Felice, so I am in the process of getting some handouts and things to give to her to help her" (Sydney, Case Study Interview 2, p. 7).

Interestingly, a couple of EI professionals reported Jocelin's progress plateaued over the course of the 10-week case study. These professionals suggested this lack of progress might be due to the lack of Felice's involvement in the therapy session, as this does not allow Felice to carry over therapeutic activities into Jocelin's regular routine. Dana, the developmental therapist, reported:

> Felice runs a daycare. She doesn't have time to specifically sit down with Jocelin to work on four different things for physical, speech, occupational, and developmental therapy every single day. Also, I don't think she understands when we tell her practice this and practice this. I don't think Felice understands that *she* has to do it at home for there to be a change. (Dana, Case Study Interview 2, p. 3)

Dana further explicated her concern:

> If we are going to still provide therapy services in the daycare, and we are not going to see Jocelin's mom, how are we going to communicate what we worked on? Are we going use notepads? Are we going to text so Mom and Grandma understand what we are working on? So that it is happening in both places. (Dana, Case Study Interview 2, p. 3)

In this case, the team placed the responsibility for integrating therapeutic activities into everyday routines on Felice but didn't provide her with the supports she needed to do this or identify activities that could easily fit in her busy schedule.

Accessing additional therapeutic activities. In week nine of the case study, Olivia, the occupational therapist, shared information with Bria, the biological mother, about a therapeutic summer camp opportunity she thought Jocelin would benefit from. This camp would take place in the summer of 2015 at a rehabilitation center in the large urban area and offered outdoor and

indoor adaptive sports and hands-on recreational activities. A team of occupational therapists leads the camp over a 2-week period in the summer. Each day, the children partake in developmental and play-based therapeutic activities. The camp is located in the "downtown" area of the large urban city and transportation is not provided. Olivia described:

> I gave Bria information about the specialized summer camp for children with disabilities. I thought Jocelin would benefit from it. So, Bria she contacted the camp about registration. But in order for Jocelin to be able to go, her insurance needed to change and that has to do with her regaining custody. . . . [The camp] doesn't take very many children with Medicaid, but once the mom has custody again, Jocelin will go on her insurance. So that is why she is really trying to push [to regain custody in] May. So she can get on her insurance, get her signed up for this summer camp, and then go to it in July. I was happy to know that Bria called to get her registered and that she wanted Jocelin to do this specialized camp. (Olivia, Case Study Interview 2, p. 6)

In this instance, Bria was responsible for navigating the registration process for the summer camp, the complicated insurance processes, and the process to regain her parental custody. Furthermore, if Jocelin is admitted to camp, Felice and Bria will need to balance their work schedules to provide transportation for the duration of the 2-week camp. These responsibilities were in addition to those responsibilities related to her full time employment status, a condition required to regain custody, and her other two children.

Felice and Bria's sacrifices. Felice has made many sacrifices to ensure Jocelin has the appropriate amount of support and services. Here, I detail two instances in which Felice made sacrifices that relate to social justice, equity, and power.

First, Felice moved into a new neighborhood shortly after the abusive incident with Jocelin took place. Felice stated that the severity of Jocelin's injuries and developmental needs motivated her move. She noted that her major concern was that Jocelin needed to be able to get the educational support she would need. Felice moved into a neighborhood with a local public school specifically designated for children with significant disabilities.

> The school is in front of my house. . . . This school is for special kids. A lot of kids from different places come to this school. This was the main reason I moved over here. I wanted to be more close to this school. (Felice, Case Study Interview 2, p. 10)

Second, even though Jocelin will legally be reunified with her biological mother in May, Jocelin will continue living with Felice on the weekdays. Felice and Bria decided that, to keep all of the same EI professionals on the case, Jocelin would remain in Felice's home. Bria lives in another neighborhood of the city that is not in the current EI professionals' service delivery boundaries. Therefore, if Jocelin lived and received EI services at her biological mom's home, she would need to transition into having all new EI professionals. Thus, Jocelin will return to her biological mother's home only on the weekends.

In both of these instances, Felice and her family are making sacrifices to ensure Jocelin continues to receive services. As a result, their day-to-day family dynamics and interactions are impacted in two significant ways. First, Bria, the biological mother, has worked very hard to regain custody of her children. In reality, she will likely regain custody of Jocelin in May, but she will sacrifice living with Jocelin to keep her EI services the same as they are now. Second, Felice, the grandmother, will continue to raise Jocelin on a day-to-day basis in addition to running her home daycare. The above stated situations represent instances that Felice and Bria are strained by, instead of supported by, the EI and CW systems.

In the following chapter, I discuss the implications of this study in detail, including its potential contribution to research and practice. I situate the findings within the literature on young children with disabilities who have experienced abuse and present recommendations for future research, policy, and practice. Finally, I present a larger discussion of matters related to social justice, equity power, politics.

Chapter 5

Discussion

This study is one of the first to examine the provision of services for young children with disabilities who have experienced abuse. The data collection and analysis for this study were guided by the following questions:

1. To what extent and in what ways do professionals report the Early Intervention (EI) and Child Welfare (CW) systems in one state interact when serving families of young children with disabilities who have experienced abuse?

2. What do EI and CW professionals identify as facilitators and barriers when designing services for and delivering services to young children with disabilities who have experienced abuse?

3. How do data gathered from multiple methods highlight political, power, and equity issues and contribute to the understanding of the provision services for young children with disabilities who have experienced abuse?

Data from the macro-, meso-, exos, and microsystem were collected to answer the research questions posed. In the results from this research study, the EI and CW systems interacted primarily for legal purposes when supporting young children with disabilities who have experienced abuse. Professionals from both EI and CW systems described these interactions as minimal at best. Furthermore, participants described similar barriers when designing and providing services to young children with disabilities who have experienced abuse. I also found a lack of shared priorities, resources, and purposeful partnerships and roles between EI and CW systems. Finally, political, power, and equity issues emerged as regularly contributing to the complicated nature of the provision of services for young children with disabilities who have experienced abuse.

Overall, the implications from this study relate to who is responsible for the provision of services for young children with disabilities who experiences abuse. To present these implications, I first describe important limitations of this research study. Then, I situate the

findings within the extant literature on the provision of service for young children with disabilities who have experienced abuse by discussing responsibility as it relates to (a) the nature, infrastructure, and design of the EI and CW systems; (b) preparation, development, and support for EI and CW professionals; (c) the nature and utilization of EI and CW collaboration; and (d) issues of equity, politics, and power related to families of young children with disabilities who have experienced abuse. Third, I explain unexpected findings from the research study. Fourth, I identify next steps for research, policy, funding, and cross-systems collaborations. Fifth, I describe the next steps I will take in this line of research. I then offer a conclusion.

Limitations

To better understand the provision of services of young children with disabilities who have experienced abuse, I utilized a three-pronged data approach that included the collection of systems level interview, program level survey, and local level case study data. At the systems level, two interviewees were national leaders of advocacy organizations and four interviewees were state early intervention and child welfare state administrators. While the interviewees were purposefully identified, additional interviews with other critical state and national personnel could enhanced the findings of this study. Due to time constraints and feasibility issues, additional interviewees were not recruited. Furthermore, two of the six interviewees resigned and began new positions shortly after being interviewed for this study. While their interviews and insights are relevant, the data collected may not accurately depict the changing landscape of the EI and CW systems in the state studied. Nevertheless the interview data was rich and detailed and offer valuable insights into the functioning of the EI and CW systems.

At the program level, this study included an online survey that was electronically delivered to EI and CW professionals in one urban area. While the EI providers were identified through an all-encompassing listserv, no such list existed for CW professionals. Therefore, with the help of a local advocacy group, I identified 12 CW agencies in the target urban area. However, only four CW agencies expressed interest and provided the email contact information for all relevant CW staff. While all CW professionals work within the same system, CW agencies may have unique rules and climates. The sample in this study may not be representative of CW agencies located in the urban area study or suburban or rural areas of the target state. Nevertheless, a sufficient number of responses were garnered to conduct select statistical analysis (Kish, 1995).

At the local level, I conducted one case study. The case study team included a total of nine members. Two members of the team were not invited to participate due to legal (e.g. biological mother) and relevancy issues (e.g. interpreter). The physical therapist declined participation due to personal time constraints. The CW caseworker only participated in 1 interview and 1 communication log. Ideally, each member of the case study team would have fully participated in every aspect of the study. The case study took place over 10 weeks in the spring of 2015. Unfortunately, no in-person group meetings occurred during the designated case study weeks. While information from a group meeting would have enhanced the case study, I was not able to capture this data due to the timing of data collection. Additionally, as a researcher, I chose not to influence the typical interactions of the team members to capture what was naturally occurring within the team and I forewent prolonged engagement with each member of the case study team to allow me to collect a wide variety of data and draw comparisons across the professionals on the team. Although further communication logs and

interviews may have provided additional insight about team scenario, member checks verified that the communication logs, interviews, and document analyses were accurate representations of their experiences (Cho & Trent, 2006).

Finally, while there are federal regulations regarding EI and CW services, it should be noted that each state has its own unique EI and CW systems and structure. The findings from this study may not be as applicable, transferrable, or generalizable to other state systems and/or structures.

In spite of these limitations, this study contributes to understanding the experiences of multiple stakeholders across the system, program, and local levels of EI and CW systems as they work to support young children with disabilities who have experienced abuse. The implications of the findings here related primarily to responsibility, and I discuss these implications next.

Who is Responsible?

Data across the systems, program, and local level suggested that the provision of services for young children with disabilities who have experienced abuse is a vital issue for the EI and CW systems. Still, much confusion exists over the provision of services for these children and their families. In particular, the matter of responsibility surfaced as a consistent point of confusion at the macro-, exso-, meso-, and micro-system levels. As with many research studies, this research study generated important questions for both the EI and CW fields. Below, I situate the findings from this research study within the extant literature and detail new and important contributions drawn from this work.

The nature, infrastructure, and design of the EI and CW systems. I focused on two independent social service systems in this study: child welfare and early intervention. While an

extensive literature base exists pertaining to families served in each system independently, few research studies have explored the experiences of families supported by both the EI and CW systems (Allen et al., 2012; Herman-Smith, 2009, 2011). Furthermore, limited research is available about the multidisciplinary nature of teams that span the EI and CW systems (Allen et al., 2012; Herman-Smith, 2011; Landy & Mena, 2006).

When considering the nature, infrastructure, and design of EI and CW systems, this research study contributes to the literature in an important way. As noted in previous literature (Allen et al., 2012), it can be confusing and complicated for families to participate in the EI and CW systems. For instance, families are legally obligated to participate in services from the CW system whereas participation in EI services is primarily voluntary. The findings from this research study go one step farther, suggesting that the juxtaposition of the voluntary or involuntary nature of programming creates confusion for both families and professionals regarding child and family responsibility in participating in services. This further complicated professionals' ability to identify service priorities in and across the EI and CW systems. This leaves the unresolved question: Who is responsible for the nature, infrastructure, and design of services for young children with disabilities who have experienced abuse?

Preparation and development opportunities for EI and CW professionals. When focusing on young children with disabilities who have experienced abuse, other researchers have noted the lack of comprehensive in- and pre-service opportunities for professionals who work with young children with disabilities who have experienced abuse (Orelove et al., 2000; Stahmer, et al., 2008). Professionals from the EI and CW system have differentiated roles both within their own system and when collaborating with other systems. While it is to be expected that preparation opportunities for professionals in the EI and CW systems vary, the findings from this

research study suggest that, although young children with disabilities are frequently recipients of EI and CW services simultaneously, professionals are not explicitly prepared to support them or navigate this cross-system service delivery. For instance, EI professionals provide family centered support to address developmental delays and disabilities for young children (ages birth to 3 years). CW professionals provide services focused on child (ages birth to 18 years) protection and support. Neither EI nor CW systems prepare professionals by providing content addressing the relationship between disability and abuse, leaving the unresolved question: Who is responsible for preparation and development opportunities focused on supporting young children with disabilities who have experienced abuse?

The nature and utilization of EI and CW collaboration. Over the years, the call for cross-system collaboration has been consistent across literature spanning the fields of early childhood, social work, pediatrics, and child advocacy (Adams & Tapia, 2013; Azzi-Lessing, 2010; Corr & Danner, 2013; Dicker & Gordon, 2006; Litzelfelner & Petr, 1997). Although cross-system collaborative work is encouraged and viewed as vital, it is also recognized as a very difficult and complex task, despite legal mandates (Dicker & Gordon, 2006). While there is a dearth of empirical studies, the results from this research study support and extend this supposition. This research study supports previous findings that, while the EI and CW systems are legally mandated to interact, the legal mandate alone does not ensure children with disabilities are properly supported in either system or across both systems.

Cross-system collaboration cannot be addressed in a vacuum. All participants across all levels of this study noted the siloed nature of their system's efforts related to research, policy, and service provision. Professionals from both systems reported research and policy efforts in their respective fields have not focused on young children with disabilities who have experienced

abuse. Participants stated that, while there are separate sources of research focused on supporting young children with disabilities and families in crisis, these sources rarely intentionally overlap. Furthermore, participants in both systems also noted that policy efforts often reflect their systems' legal responsibilities rather than the best standard of practice. These findings leave the unresolved question: When supporting young children with disabilities who have experienced abuse, who is responsible for research, policy, and collaborative efforts between EI and CW systems?

Issues of equity, politics, and power. Throughout this research study, important factors related to social justice, power, and equity emerged. In Chapter 4, I detailed issues specifically related to family responsibilities (i.e., language, integrating therapy, and accessing additional therapy) and sacrifices (i.e., a family choosing to move into a particular EI service delivery area). In Jocelin's case, the EI and CW professionals relied heavily on her foster and biological parents to manage important communication and navigation of the EI and CW systems. Additionally, to regain parental custody, Jocelin's biological mother was required to participate in individual anger management, parenting, and alcohol abuse classes while maintaining her fulltime employment. These requirements interfered in her ability to fully participate in the EI services. In this instance, the lack of cohesion across the EI and CW resulted in the biological parent foregoing participation in EI to fully participate in CW services. If the EI and CW systems are going to meet the needs of young children with disabilities and families experiencing traumatic events such as abuse, the overall requirements and expectations for successful participation in both systems must be considered concurrently. In this instance, to be successful in the CW system, Jocelin's biological mother forewent participation in the EI system. When supported by

two systems designed to protect children (CW) and support families (EI), parents should not be faced with such an unjust decisions and circumstances.

Finally, Jocelin's biological mother worked extremely hard to regain custody of her child. As of April 2015, she was on track to being fully reunified with her children, including Jocelin, in June of 2015. However, due to the nature of EI service delivery (i.e. the EI professionals had individually determined service delivery boundaries which did not include the biological mother's home), the biological mother decided Jocelin would continue to live with her grandmother during the week so Jocelin could keep working with the same EI professionals. As a result, this biological parent successfully completed the requirements of the CW system to be reunified with her daughter but will not actually live with Jocelin when this occurs because of EI service delivery issues. This indicates that the burden of being supported by EI and CW, two systems that minimally and inadequately interact, is on solely on the biological and foster parents. When supported by two systems designed to protect children (CW) and support families (EI), parents should not be faced with such unjust decisions and circumstances.

Overall, the findings from this research study confirmed and extended previous research related to the provision of services for young children with disabilities who have experienced abuse. This study generated vital questions that, if answered, can better inform the provision of services for young children with disabilities who have experienced abuse. These questions are:

- Who is responsible for the nature, infrastructure, and design of EI and CW services?
- Who is responsible for preparation and development opportunities for professionals in EI and CW?
- Who is responsible for research, policy, and collaborative efforts between EI and CW systems?
- Who is responsible for addressing issues of equity, power, and politics within and across EI and CW?

In sum, results from this research study indicate that young children with disabilities who have experienced abuse are not well served by EI and CW individually or collaboratively and that the burden of support is placed largely on the foster and biological parents. To improve services for these children and families, the fields should attend to the nature, infrastructure, and design of services; preparation and development opportunities for professionals; research, policy, and collaborative efforts; and issues of equity, power, and politics.

Unexpected Findings

Three unexpected yet salient issues emerged from the system, program, and local level participants who contributed to this study, including: (a) unsubstantiated reports of abuse, (b) the impact of a parent's disability status, and (c) EI and CW professionals' lack of access to suitable technology. These unexpected findings complement the primary findings of this research study and I present them here.

Unsubstantiated reports of abuse. First, participants from the EI and CW fields at the local, program, and systems level of this study identified families wrongly accused of child abuse and neglect was a salient issue. Participants across these levels described how the unsubstantiated cases of abuse dramatically shift the dynamics of a family, oftentimes in very unfortunate ways.

> I work with parents wrongly accused of abuse, and, though there is now a substantial amount of evidence clearing them, it has been a difficult ongoing process trying to regain custody of their children. It has been disheartening to see how the system has failed this family on so many levels and how flawed the system is that supposedly protects children and families from abuse. (EI Survey, open ended responses, p. 5)

Instances of unsubstantiated accusations surfaced as a concern for professionals from both fields. EI and CW professionals reported wrongful accusations of child abuse as instances that complicated parent-child interactions and the reunification process. At the local and program

level, participants reported that this concern often resulted in a hesitancy to rely on the CW system to make appropriate decisions to protect and support families of young children who have experienced abuse. Despite being mandated reporters, professionals in both systems reported concerns about the complicated and confusing processes involved in reporting child abuse and neglect, leaving yet another unresolved question: In instances of substantiated and unsubstantiated child abuse and neglect for young children, who is responsible for following through with a family?

Impact of a parent's disability status. Second, participants in this study reported that a parents' disability status complicates EI and CW professionals' ability to provide their respective services. Participants detailed experiencing difficulties when supporting a parent with a disability who has been accused of child abuse and neglect. One participant stated,

> Our clients' needs are complicated by their trauma histories. Our birth parents often have developmental delays and/or untreated mental health issues, which interfere with their ability to parent appropriately. (CW Survey, open ended responses, p. 1)

Instances when a parents' disability status complicated service delivery from both fields. While EI professionals reported feeling confident and competent to support adults with disabilities, they were uncertain how to support a parent who had been abusive. Although CW professionals reported feeling confident and competent to support adults involved in child abuse cases, they reported difficulties supporting adults with disabilities who have children. These reports leave the unresolved question: In instances when young children have experienced abuse and neglect and have a parent who has a disability, who is responsible for supporting the parent?

EI and CW professionals' lack of access to suitable technology. Finally, participants from both systems at the local, program, and systems level reported that their jobs are more complicated because they lack up-to-date technology. Professionals from both systems commented on the lack of technology available to do their jobs well. Professionals from both

systems expressed this overall lack of technology complicated service delivery for children that span multiple providers and service systems. One EI professional explained, "The EI system is extremely behind in using technology for the IFSP process and supporting the teaming of providers. A web-based IFSP would be a great step forward in this process" (EI Survey, open ended responses, p. 8).

Both EI and CW professionals reported instances where technology could bridge the EI and CW systems. Professionals in each systems expressed that they rely heavily on legal timelines for services in their respective systems. These participants also reported difficulty in receiving pertinent information in a timely matter from their own system and across systems. Professionals from both systems expressed perceiving that the use of technology could spur the systems to share information and collaborate more easily, leaving the unresolved question: In instances when young children have experienced abuse and neglect, who is responsible for coordinating the EI and CW technological systems?

Next Steps for Research, Policy, Funding, and Cross-Systems Collaboration

Results from this research study support previous work from researchers who have recommended research and reform efforts focus on: (a) understanding the roles and actions assumed by EI and CW professionals when providing services, (b) identifying optimal models for infants/toddlers with disabilities and their families involved in CW, and (c) creating solutions for overcoming systemic barriers to optimal intervention (Adams & Tapia, 2013). Ultimately, to improve the provision of services for young children with disabilities who have experienced abuse, research and policy efforts need to span the macro-, exso-, meso-, and microsystems.

The findings from this research study also suggest that, because successes and barriers experienced when supporting young children with disabilities who have experienced abuse are enmeshed across both systems, the EI and CW systems would benefit from research that identifies shared priorities, meaningful partnerships, clarified roles, and recommendations for designating resources (e.g., time, money, personnel). Research, policy, and funding efforts focused on these matters (i.e., priorities, partnerships, roles, resources) in isolation may not be as beneficial. In sum, I make three primary recommendations for the prioritization of future comprehensive research and policy efforts: (a) young children with disabilities who have experienced abuse should be acknowledged and identified by EI and CW systems as a research priority; (b) the support needs of professionals in both EI and CW who work with young children with disabilities who have experienced abuse should be extensively explored; and (c) policy should be examined to further understand how it helps or hinders cross-system collaborations in relation to young children with disabilities who have experienced abuse.

Future Directions

This research study is one of my early efforts in addressing the support needs of young children who have experienced abuse, their families, and the EI and CW professionals who serve them. I now detail my next steps in this work related to (a) data analysis, (b) translation to systems-level efforts, and (c) translation to participants and program- and local-level efforts.

Next steps in data analysis. This study generated a large amount of data from system level interviews, program level surveys, and a local level case study. Here, I described two next steps for analysis. Future work will involve further analysis of this data, particularly focused on within system and across system comparisons. For example, to understand potential similarities

and differences by participants who have different professional backgrounds but serve in the same system (DT, OT, PT, SLP), the PICS and OCL survey data can be further explored. Such an analysis is an important contribution because current literature has indicated preparation of EI professionals varies widely (Brown & Woods, 2012; Campbell & Sawyer, 2009; Chen, Klein, & Minor 2008; Dunst, Trivette, Deal, 2011; Fleming, Sawyer, & Campbell, 2011; Kyzar et al., 2014; Ludlow, 2002; Marturana & Woods, 2012). Furthermore, limited research has focused on EI and CW preparation practices related to supporting young children with disabilities who have experienced abuse (Corr & Danner, 2013; Stahmer et al., 2008).

Additionally, at the request of the state EI program administrators, data was collected related to EI and CW participants' agreement with EI principles. These data were collected but not analyzed for this project because results would not directly relate to the research questions posed. However, these data, once analyzed, could inform understandings of EI professionals' agreement with EI principles in general and EI principles related to young children with disabilities who have experienced abuse. Currently, no research studies have examined this topic. Examining EI and CW participants' agreement with EI principles is an initial step in better understanding how to promote family-centered practices and routines-based interventions for young children with disabilities who have experienced abuse.

Next steps in translation to systems-level efforts. According to the Council for Exceptional Children's Division for Early Childhood (DEC), its mission is to "promote policies and advance evidence-based practices that support families and enhance the optimal development of young children (0-8) who have or are at risk for developmental delays and disabilities." DEC position statements have been previously focused on topics such as challenging behavior; inclusion; family culture, values, and language; the role of special

instruction in EI; frameworks for response to intervention in early childhood; and leadership in EI and early childhood special education. In accordance with DEC's mission and with the information learned from my dissertation, I will work with the DEC to begin drafting a position statement focused on the provision of services for young children with disabilities who have experienced abuse. The goal of this effort is to formally identify young children with disabilities who have experienced abuse as a priority population deserving of explicit research policy and practice initiatives. Ideally these efforts would be collaborative and multidisciplinary in nature, meaning that this position statement is developed with input from professionals in both the EI and CW professional communities.

Translation to participants and program- and local-level efforts. Finally, I will host a data luncheon to which I will invite all of the systems- and local-level participants, and share the results and implications of this research study. The intent of this luncheon is threefold: (a) to share the results of this research study with participants and community stakeholders, (b) to begin discussions related to the provision of services for young children with disabilities who have experienced abuse in the targeted state/urban area; and (c) to identify potential next steps for future discussions focused on identifying mutual priorities for practice, research, professional preparation, and policy related to young children with disabilities who have experienced abuse.

Conclusion

I conclude with a poem I created by assembling direct quotes from the participants at the system, program, and local levels of this study. This poem reflects the overall tone, intensity, and sense of urgency I experienced throughout this work. There is much work to be done.

So what? | A call to action

I worry.[1] I worry.[2] I worry.[3]
What is the next sequence of Jocelin's life?[4]
I just want to make sure that she is supported in the best way possible.[5]
I feel so helpless for this child.[6]
I worry.[7]
It will only become a concern when something *really* bad happens.[8]
But there are so many opportunities to strengthen families if we work together.
It's all about relationships, relationships, relationships, I can't stress that enough.[9]
I worry.[10]
This is a really tragic time for children in this state.[11]
Somebody do something![12]
Because I worry.[13] I worry.[14] I worry.[15]

[1] EI1, Systems Level Interview.
[2] EI2, Systems Level Interview.
[3] EI3, Systems Level Interview.
[4] OT, Case Study Interview.
[5] DT, Case Study Interview.
[6] Open Ended Survey Response.
[7] CW2, Systems Level Interview.
[8] EI1, Systems Level Interview.
[9] CW2, Systems Level Interview.
[10] SLP, Case Study Interview.
[11] EI Open Ended Survey Response.
[12] CW Open Ended Survey Response.
[13] DT, Case Study Interview.
[14] OT, Case Study Interview.
[15] Primary researcher.

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Appendix A

IRB Documentation and Consent Forms

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Office of Vice Chancellor for Research
Institutional Review Board
528 East Green Street
Suite 203
Champaign, IL 61820

June 26, 2014

Rosa Santos Gilbertz
Special Education
288 Education
1310 S. Sixth Street
Champaign, IL 61820

RE: *Bridging Early Intervention and Child Welfare Systems: Understanding the needs of professionals working with young abused children with disabilities*
IRB Protocol Number: 14853

EXPIRATION DATE: 06/25/2017

Dear Dr. Santos Gilbertz:

Thank you for submitting the completed IRB application form for your project entitled *Bridging Early Intervention and Child Welfare Systems: Understanding the needs of professionals working with young abused children with disabilities*. Your project was assigned Institutional Review Board (IRB) Protocol Number 14853 and reviewed. It has been determined that the research activities described in this application meet the criteria for exemption at 45CFR46.101(b)(2).

This determination of exemption only applies to the research study as submitted. Please note that additional modifications to your project need to be submitted to the IRB for review and exemption determination or approval before the modifications are initiated.

We appreciate your conscientious adherence to the requirements of human subjects research. If you have any questions about the IRB process, or if you need assistance at any time, please feel free to contact me or the IRB Office, or visit our website at http://www.irb.illinois.edu.

Sincerely,

Rebecca Van Tine

Rebecca Van Tine, MS
Assistant Human Subjects Research Specialist, Institutional Review Board

c: Catherine Corr

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN

Office of the Vice Chancellor for Research

Office for the Protection of Research Subjects
528 East Green Street
Suite 203
Champaign, IL 61820

January 28, 2015

Rosa Santos Gilbertz
Special Education
1310 S. Sixth Street
Champaign, IL 61820

RE: *Bridging Early Intervention and Child Welfare Systems: Understanding the needs of professionals working with young abused children with disabilities*
IRB Protocol Number: 14853

Dear Dr. Santos Gilbertz:

Thank you very much for forwarding the modifications to the University of Illinois at Urbana-Champaign Institutional Review Board (IRB) office for your project entitled *Bridging Early Intervention and Child Welfare Systems: Understanding the needs of professionals working with young abused children with disabilities.* I will officially note for the record that these minor modifications to the original project, as noted in your correspondence received July 7, 2014: supplying the revised case study interview questions for service providers and foster/biological parents and the modified intro statement. The changes are minor in nature and were generated from the system interview data collected to date; and updating the payment plan for biological/foster parents and EI providers to reflect that payment will be weekly, have been approved. The expiration date for this protocol, IRB number 14853, is 10/19/2015. The risk designation applied to your project is *more than minimal risk.*

As your modifications involved changes to consent form(s), I am attaching the revised form(s) with date-stamp approval. Please note that copies of date-stamped consent forms must be used in obtaining informed consent. If modification of the consent form(s) is needed, please submit the revised consent form(s) for IRB review and approval. Upon approval, a date-stamped copy will be returned to you for your use.

Please note that additional modifications to your project need to be submitted to the IRB for review and approval before the modifications are initiated. To submit modifications to your protocol, please complete the IRB Research Amendment Form (see http://irb.illinois.edu/?q=forms-and-instructions/research-amendments.html). Unless modifications are made to this project, no further submittals are required to the IRB.

We appreciate your conscientious adherence to the requirements of human subjects research. If you have any questions about the IRB process, or if you need assistance at any time, please feel free to contact me at the OPRS office, or visit our Web site at http://www.irb.illinois.edu.

Sincerely,

Anita Balgopal, PhD
Director, Office for the Protection of Research Subjects

Attachment(s)

c: Catherine Corr

Illinois Department of
DCFS
Children & Family Services

Pat Quinn
Governor

Bobbie Gregg
Acting Director

November 25, 2014

Catherine Coer
University of Illinois Urbana Champaign
1310 South 6th Street
Champaign, Illinois 61820

Re: *"Bridging Early Intervention and Child Welfare Services: Understanding Service Provision for Young Children with Disabilities"*

Dear Ms. Corr:

This letter is in response to your request for approval of the Department of Children and Family Services Institutional Review Board (IRB) to conduct the above-referenced research study.

Based on the proposal submitted to the Department, the DCFS Institutional Review Board has recommended approval of the above-mentioned study. I am issuing approval for publication, pending your acknowledgement of the IRB Committee's concerns and suggestions, if any, regarding your study, and our receipt of the attached Memorandum of Understanding.

Please review, sign and return the Memorandum *within 10 business days* of receiving this letter. Mailing instructions are on page 4. Failure to return the signed memorandum within the specified time frame will automatically invalidate the recommendation for approval.

The Department of Children and Family Services Institutional Review Board wishes you success in your study. Please note that the Department will require a copy of your final report. Forward this documentation to Brooke Taylor within 30 days of study completion.

Questions regarding the final report can be directed to Ms. Taylor by email – Brooke.Taylor@illinois.gov or by phone at 773/371-6509

Sincerely,

Bobbie Gregg

Bobbie Gregg
Acting Director

100 West Randolph, 6-100 • Chicago, Illinois 60601-3249
312-814-6800 • 312-814-8783 / TTY
www.DCFS.illinois.gov

Interview Consent Form

Dear Participant,

I am a doctoral student in Early Childhood Special Education at the University of Illinois, Urbana-Champaign. I am interested in learning about how the Early Intervention and Child Welfare Systems serve young abused children (birth-3) with disabilities. I would like to invite you to participate in an interview, which is part of my dissertation for my doctorate degree.

This interview is being conducted by Catherine Corr and her advisor, Dr. Rosa Milagros Santos, at the University of Illinois at Urbana Champaign. The interview will be audio recorded and topics addressed will include research, policy, practice, and personnel preparation in regards to young children (birth-3) with disabilities who have experienced abuse.

All interviews will remain confidential. As part of our analysis, we will tabulate responses and share only aggregate results with the University of Illinois at Urbana-Champaign and other interested audiences, such as readers of scholarly journals or at conferences.

We expect the interview to take between 60-90 minutes and we anticipate no risk participating in this research, other than what might be experienced in normal life. We hope you will share your thoughts and insights, as they will contribute greatly to our work and lead to policy and practice recommendations. Your participation in this interview is wholly voluntary. Participants can skip any question they prefer not to answer and end the interview at any time.

If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois Institutional Review Board at 217-333-2670 (collect calls will be accepted if you identify yourself as a research participant) or via email at irb@illinois.edu.

To consent to participate in this study, please sign below. You will be given a copy of this form for your records. Thank you very much for your cooperation. I appreciate your time and help in understanding issues regarding providing services to young abused children with disabilities.

() I have read and understand the consent form and voluntarily agree to participate in this study.
() I have been given a copy of this consent form for my records.
() I agree to have this interview audio recorded.

_____ _____

Participant Signature Date

Sincerely,

Catherine Corr, Ed.M.
ccorr@illinois.edu
Doctoral Student, Early Childhood Special Education
University of Illinois at Urbana-Champaign

Case Study | Consent Form | EI Providers

Dear Participant,

I am a doctoral student in Early Childhood Special Education at the University of Illinois, Urbana-Champaign. I am interested in learning about how the Early Intervention and Child Welfare Systems serve young abused children (birth-3) with disabilities. I would like to invite you to participate in a case study, which is part of my dissertation for my doctorate degree.

This case study is being conducted by Catherine Corr and her advisor, Dr. Rosa Milagros Santos, at the University of Illinois at Urbana Champaign. The case study will take place for 10-weeks (Spring, 2015). The case study will include interviews (2), weekly online communications logs (10), and the collection of pertinent written documents (Individualized Family Service Plan and Therapy Session notes, and any documents written for Court). The approximate weekly participation time is 1 hour. All of these components will help us understand your work providing services to young abused children with disabilities.

Any identifying information collected will be redacted; all identifying information in the case-study will be replaced with pseudonyms and will remain confidential. The only reason information form the case study would not remain confidential is if a participant claims to harm his/herself or another, then the researcher will contact the appropriate authorities. As part of our analysis, we will use pseudonyms and share only de-identified results with the University of Illinois at Urbana-Champaign and other interested audiences, such as readers of scholarly journals or at conferences.

As a token of our appreciation, you will be provided with a **20$ Amazon gift card for every week you participate** (maximum $200). We anticipate no risk participating in this research, other than what might be experienced in normal life. We hope you will share your thoughts and insights, as they will contribute greatly to our work and lead to policy and practice recommendations. Your participation in this interview is wholly voluntary.

If you have any questions, you may contact Dr. Rosa Milagros Santos at rsantos@illinois.edu, (217) 244-3558. For questions about rights as a participant in research involving human subjects, please feel free to contact the University of Illinois Institutional Review Board (IRB) Office at (217) 333-2670 or irb@illinois.edu. You are welcome to call collect if you identify yourself as a research participant.

To consent to participate in this study, please sign below. You will be given a copy of this form for your records. Thank you very much for your cooperation. I appreciate your time and help in understanding issues regarding providing services to young abused children with disabilities.

- I have read and understand the consent form and voluntarily agree to participate fully in this case study. (Fully includes interviews, communications logs and documents).
- I agree to have the interview(s) audio recorded.
- I have been given a copy of this consent form for my records.

_____ _____

Participant Signature Date

Sincerely,
Catherine Corr, Ed.M.
ccorr@illinois.edu
Doctoral Student, Early Childhood Special Education
University of Illinois at Urbana-Champaign

Case Study | Consent Form | Biological/Foster Parent

Dear Participant,
I am a doctoral student in Early Childhood Special Education at the University of Illinois, Urbana-Champaign. I am interested in learning about how the Early Intervention and Child Welfare Systems serve young abused children (birth-3) with disabilities. I would like to invite you to participate in a case study, which is part of my dissertation for my doctorate degree.

Participation in this case study is completely separate from court-mandated requirements. Your participation in this study is voluntary and will not affect future court proceedings or decisions.

This case study is being conducted by Catherine Corr and her advisor, Dr. Rosa Milagros Santos, at the University of Illinois at Urbana Champaign. The case study will take place for 10-weeks (Spring, 2014). The case study will include phone interviews (2), weekly online communications logs (10), and the collection of pertinent written documents (Individualized Family Service Plan, and therapy session notes, and documents written for court). The estimated monthly participation time is 4 hours. All of these components will help us understand how the Early intervention and Child Welfare System meet your needs.

Any identifying information will be removed; all identifying information in the case-study will be replaced with pseudonyms and will remain confidential. The only reason information form the case study would not remain confidential is if a participant claims to harm his/herself or another (e.g. a child), then the researcher will contact the appropriate authorities. As part of our analysis, we will use aliases and share only de-identified results with the University of Illinois at Urbana-Champaign and other interested audiences, such as readers of scholarly journals or at conferences.

As a token of our appreciation, you will be provided with a **$20 Amazon gift card for every week you participate** (maximum $200). We anticipate no risk participating in this research, other than what might be experienced in normal life. We hope you will share your thoughts and insights, as they will contribute greatly to our work and lead to policy and practice recommendations. Your participation in this interview is wholly voluntary.

If you have any questions, you may contact Dr. Rosa Milagros Santos at rsantos@illinois.edu, (217) 244-3558. For questions about rights as a participant in research involving human subjects, please feel free to contact the University of Illinois Institutional Review Board (IRB) Office at (217) 333-2670 or irb@illinois.edu. You are welcome to call collect if you identify yourself as a research participant.

To consent to participate in this study, please sign below. You will be given a copy of this form for your records. Thank you very much for your cooperation. I appreciate your time and help in understanding issues regarding providing services to young abused children with disabilities.

- I have read and understand the consent form and voluntarily agree to participate fully in this case study. (Fully includes interviews, communications logs, and documents).
- I agree to have the interview(s) audio recorded.
- I have been given a copy of this consent form for my records.

_____ _____
Participant Signature Date

Sincerely,
Catherine Corr, Ed.M.
ccorr@illinois.edu
Doctoral Student, Early Childhood Special Education
University of Illinois at Urbana-Champaign

Appendix B

Interview Protocols, Survey, & Communication Log

Systems Level Interview Protocols

Thank you for agreeing to meet with me. I'm Catherine Corr, a doctoral student from the Department of Special Education at the University of Illinois. I also have my doctoral colleague Christine Spence present to take notes for us. I am speaking with several key figures in the early childhood and child welfare communities in order to better understand how research, practice, and policy affect programming for young children with disabilities who have experienced abuse and neglect. As the (position title) of a national organization focused on the needs of young children who have experienced abuse and neglect, I would like to talk with you about your organization's overall mission (past/present/future) and how you see your organization specifically meeting the needs of young children with disabilities who have experienced abuse and neglect. As (position title), I would like to talk with you about how your organization impacts research, practice, policy, and personnel preparation related to young children with disabilities who have experienced abuse and neglect. What we learn from today's discussion will help us improve our understanding of how systems support research, policy, practice and personnel preparation in regards to young children with disabilities who have experienced abuse and neglect. I will treat your answers as confidential. We will not include your names or any other information that could identify you in any reports we write. We will destroy the notes and audiotapes after we complete our study. Results will be used for conference presentations and publications. Do you have any questions about the study?

1. To begin, please describe your organization's overall mission in relation to research.
    a. PROBE: How does this mission relate specifically to children who have experienced abuse and neglect?
    b. PROBE: Any areas you would like to highlight?
2. Moving forward, how do you see your organization's research impacting services for young children who have experienced abuse and neglect and also have disabilities?
    a. PROBE: Any methodological concerns?
    b. PROBE: Any funding concerns?

Now we'd like to discuss your organization's mission related to practice.
3. What type of role does your organization play in shaping practice for working with young children who have experienced abuse and neglect?
    a. PROBE: How does this relate you young children with disabilities who have experienced abuse and neglect?
4. How do these practices meet the needs of the family?
    a. PROBE: Does this change if the family has a child with a disability?
5. Moving, forward, what can your organization do to improve practices to support young children disabilities that have experienced abuse and neglect?

Next, I'd like to discuss your organization's mission related to policy.
6. What type of role does your organization play in shaping policy for young children who have experienced abuse and neglect?
    a. PROBE: How does this relate you young children with disabilities who have experienced abuse and neglect?
7. Have other policies (e.g. CAPTA) affected your organizations impact on policies related to young children with disabilities who have experienced abuse and neglect?
    a. PROBE: Areas of strength? Areas of improvement?

Moving on, I'd like to discuss your organization's mission related to personnel preparation.
8. What role does your organization play in preparing personnel to work with young children who have experienced abuse and neglect?
    a. PROBE: How does this relate young children with disabilities who have experienced abuse and neglect?

b. PROBE: Areas of strength? Areas of improvement?

9. If your organization could design the ideal provider preparation programs what would they look like?
    a. PROBE: Any difference if there was an added focus on children with disabilities who have experienced abuse and neglect?

10. What words would you use to describe what cross-disciplinary collaboration means to your organization?
    a. PROBE: Areas of strength? Areas of Improvement?

11. Please describe your organization's current collaboration with the special education (early intervention/special education) community.
    a. PROBE: Describe how your organization envisions this collaboration for the future?

12. At an organizational level, what are essential facilitators for successful cross-disciplinary collaborations? What are barriers to successful cross-disciplinary collaborations?

13. Lastly, how do you envision your organization supporting and impacting research, practice, policy and personnel preparation in order to better support young children with disabilities who have experienced abuse and neglect?
    a. PROBE: What would you need to fulfill that vision (i.e. money, power, interest etc.)?

14. Do you have any final thoughts you would like to share?

Thank you for your time

State Level Administration Interview Protocol

Thank you for agreeing to meet with me. I'm Catherine Corr, a doctoral student from the Department of Special Education at the University of Illinois. I also have my doctoral colleague Christine Spence present to take notes for us. I am speaking with several key figures in the early childhood and child welfare communities in order to better understand how research, practice, and policy affect programming for young abused children with disabilities. As (position title), I would like to talk with you about your organization's overall mission (past/present/future) and how you see your organization specifically meeting the needs of young abused children with disabilities. As (position title), I would like to talk with you about how your organization impacts research, practice, policy, and personnel preparation related to young children with disabilities who have experienced abuse and neglect. What we learn from today's discussion will help us improve our understanding of how systems support research, policy, practice and personnel preparation in regards to young children with disabilities who have experienced abuse and neglect. I will treat your answers as confidential. We will not include your names or any other information that could identify you in any reports we write. We will destroy the notes and audiotapes after we complete our study. Results will be used for conference presentations and publications. Do you have any questions about the study?

1. To begin, please describe your organization's overall mission in relation to research.
    a. PROBE: How does this mission relate specifically to children who have experienced abuse and neglect?
    b. PROBE: Any areas you would like to highlight?

2. Moving forward, how do you see your organization's research impacting services for young children who have experienced abuse and neglect and also have disabilities?
    a. PROBE: Any methodological concerns?
    b. PROBE: Any funding concerns?

Now we'd like to discuss your organization's mission related to practice.

3. What type of role does your organization play in shaping practice for working with young children who have experienced abuse and neglect?
    a. PROBE: How does this relate you young children with disabilities who have experienced abuse and neglect?

4. How do these practices meet the needs of the family?
    a. PROBE: Does this change if the family has a child with a disability?

5. Moving, forward, what can your organization do to improve practices to support young children disabilities that

have experienced abuse and neglect?
Next, I'd like to discuss your organization's mission related to policy. 6. What type of role does your organization play in shaping policy for young children who have experienced abuse and neglect? a. PROBE: How does this relate you young children with disabilities who have experienced abuse and neglect? 7. Have other policies (e.g. CAPTA) affected your organizations impact on policies related to young children with disabilities who have experienced abuse and neglect? a. PROBE: Areas of strength? Areas of improvement?
Moving on, I'd like to discuss your organization's mission related to personnel preparation. 8. What role does your organization play in preparing personnel to work with young children who have experienced abuse and neglect? a. PROBE: How does this relate young children with disabilities who have experienced abuse and neglect? b. PROBE: Areas of strength? Areas of improvement? 9. If your organization could design the ideal provider preparation programs what would they look like? a. PROBE: Any difference if there was an added focus on children with disabilities who have experienced abuse and neglect?
10. What words would you use to describe what cross-disciplinary collaboration means to your organization? a. PROBE: Areas of strength? Areas of Improvement? 11. Please describe your organization's current collaboration with the special education (early intervention/special education) community. a. PROBE: Describe how your organization envisions this collaboration for the future? 12. At an organizational level, what are essential facilitators for successful cross-disciplinary collaborations? What are barriers to successful cross-disciplinary collaborations?
13. Lastly, how do you envision your organization supporting and impacting research, practice, policy and personnel preparation in order to better support young children with disabilities who have experienced abuse and neglect? a. PROBE: What would you need to fulfill that vision (i.e. money, power, interest etc.)? 14. Do you have any final thoughts you would like to share? Thank you for your time

Combined Survey (EI Professionals)

Dear Participant,
I am a doctoral student in Early Childhood Special Education at the University of Illinois, Urbana-Champaign. I am interested in learning about the barriers and successes you experience when working with young abused children with disabilities. I would like to invite you to participate in this survey, which is part of my dissertation for my doctorate degree.

This survey is being conducted by Catherine Corr and her advisor, Dr. Rosa Milagros Santos, at the University of Illinois at Urbana Champaign. **The survey addresses your experiences with and perspectives about providing services to young abused children with disabilities**. All completed surveys will remain anonymous. Demographic information is requested, but individual respondents will not be identified. As part of our analysis, we will tabulate all responses and share only aggregate results with the University of Illinois at Urbana-Champaign and other interested audiences, such as readers of scholarly journals or at conferences.

We expect the survey to take about 8-10 minutes, and we anticipate no risk participating in this research other than what might be experienced in normal life. We hope you will share your thoughts and insights, as they will contribute greatly to our work and lead to policy and practice recommendations. Your participation in this survey is wholly voluntary. You can skip any questions you'd prefer not to answer and end your survey participation at any time by closing your browser.

As a token of our appreciation upon completion of the survey you will be directed to a page where **you may enter a lottery to win a $10 Amazon gift card.** 1 out of every 10 participants will win a gift card. In order to participate in the lottery, you will be asked to provide contact information. The information you provide on the lottery form will only be used to contact you if you win and will not be connected to your survey response. Winners will be notified via email by the researcher no later than one month after the survey closes.

If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois Institutional Review Board at 217-333-2670 (collect calls will be accepted if you identify yourself as a research participant) or via email at irb@illinois.edu.

To consent to participate in this study, **please click I AGREE TO PARTICIPATE** and proceed with the survey. You may print out a copy of this screen to keep for your records. Thank you very much for your cooperation. I appreciate your time and help in understanding issues when providing services to young abused children with disabilities.

Sincerely,
Catherine Corr, Ed.M.
Doctoral Student, Early Childhood Special Education
University of Illinois at Urbana-Champaign
(e) ccorr@illinois.edu

- I Agree to Participate in this Research Study
- I Do Not Agree to Participate in this Research Study

(Page 1 of 5)

Select the response that best indicates your agreement.
In order to get your first reaction, it is best to work rapidly.
-- Child refers to children up to 36 months of age.
-- Parent refers to the legal parent only. NOT foster parents

Likert options: (1) Strongly Disagree; Neutral (5); Strongly Agree (9)

1. Early Intervention programs have enough providers to cover increased referrals that result from the mandate to serve abused children.
2. Serving families referred by the child welfare system is the reason Early Intervention services were designed to begin with, even if the children do not have delays.
3. Expecting parents that have abused their child to participate in Early Intervention services is a burden for the parents.
4. Including parents that have abused their child in Early Intervention services diminishes the effect of the intervention for the child.
5. Serving children referred from child the welfare system is a priority for the Early Intervention program.
6. Early Intervention providers have the necessary skills to provide services to children referred from child welfare.
7. Early Intervention services are an appropriate referral source for children from the child welfare system.
8. Early Intervention providers have the skills to provide services to children referred from child welfare system.
9. When parents who have abused their child are referred, Early Intervention providers are able to keep them participating in Early Intervention services.
10. Parents that have abused their child and are referred from the child welfare system have too many issues to be effective participants in Early Intervention services.
11. Young children who have been abused/neglected would be better served by a program other than Early Intervention.
12. Early Intervention providers that I know regularly access professional development related to the effects of abuse and neglect.
13. Program administrators have informed me about how referrals from the child welfare system to Early Intervention are to be handled.
14. Early Intervention services should serve children referred from child welfare, even if the children do not have developmental delays.
15. Early Intervention providers that I know are competent to work with children referred from the child welfare system.
16. Parents whose children have been referred by the child welfare system want to participate in Early Intervention services.

(Page 2 of 5)

Select the response that best indicates your agreement.
In order to get your first reaction, it is best to work rapidly.

Likert options: (1) Not at all; (2) To a slight extent; (3) to a moderate extent; (4) To a great extent; (5) To a very great extent

1. Some of the families served by Early Intervention providers are treated as "impersonal" objects.
2. Staff become more callous towards people when they take a job in the Early Intervention System.

3. This job hardens people emotionally.
4. At times, I find myself not really caring about what happens to some of the families I serve in the Early Intervention system.
5. It's hard for me to feel close to the families I serve in the Early Intervention system.
6. I feel emotionally drained from my work in the Early Intervention system.
7. I believe I am positively influencing other people's lives through my work in Early Intervention.
8. I feel "used up" at the end of the work day.
9. I believe I am positively influencing other people's lives through my work in Early Intervention.
10. Early Intervention providers are burned out from their work.
11. People I work with in the Early Intervention system are working too hard at their jobs.
12. My Early Intervention co-workers feel like they are at the end of their rope at work.
13. I end up doing jobs that should be done differently.
14. I have to bend rules in order to carry out assignments.
15. I feel unable to satisfy the conflicting demands of my administrators/supervisors.

(Page 3 of 5)

16. My job within the Early Intervention system interferes with my family life.
17. The Interests of the families receiving Early Intervention services are often overlooked because of bureaucratic concerns (e.g., paperwork).
18. Early Intervention rules and regulations often get in the way of getting things done.
19. The amount of work I have to do interferes with how well it gets done.
20. I have to do things on the job that are against my better judgment.
21. Inconsistencies exist among the Early Intervention rules and regulations that I am required to follow.
22. My coworkers in the Early Intervention system show signs of work stress.
23. When providing Early intervention service I have to work irregular hours.
24. No matter how much is done, I feel there is always more work to do.
25. The amount of work I have to do in the Early Intervention system keeps me from doing a good job.
26. I regularly work beyond my mandated work hours.
27. There are not enough people in the Early Intervention system to get all of the work done.
28. I feel there is not enough time to complete my Early Intervention work tasks.
29. Working in the Early Intervention system, I am under a lot of pressure.

(Page 4 of 5)

1. What is your gender?
   Male
   Female
2. What racial/ethnic group do you identify with?
   African American
   Asian
   Hispanic/Latino
   White/Caucasian
   Other

3. What is the highest degree you have earned?
   Associates Degree
   Bachelors Degree
   Masters Degree
   Doctorate Degree
   Other

4. What is your professional title?
   Developmental Therapist
   Occupational Therapist
   Physical Therapist
   Service Coordinator
   Speech Language Pathologist
   Other

5. Which statement best describes you?
   I am an independent Early Intervention provider.
   I am an agency-based Early Intervention provider.

6. How many years have you worked in the Early Intervention system?

7. The majority (> 50%) of people you serve live in _____
   an Urban area.
   a Suburban area.
   a Rural area.

8. Do you supervise other paid employees?
   Yes
   No

9. How many cases are currently on your caseload?

10. In the space provided, please share any other information you would like us to know about your experiences supporting young abused children with disabilities and their families.

Gift Card Lottery! Please indicate your interst below.
*1 out of every 10 participants will win a $10 Amazon gift card.**

- I would like to enter the lottery for a $10 Amazon gift card.
- I do NOT want to enter the lottery for the $10 Amazon gift card

(Page 5 of 5)

Combined Survey | Child Welfare professionals

Dear Participant,
I am a doctoral student in Early Childhood Special Education at the University of Illinois, Urbana-Champaign. I am interested in learning about the barriers and successes you experience when working with young abused children with disabilities. I would like to invite you to participate in this survey, which is part of my dissertation for my doctorate degree.

This survey is being conducted by Catherine Corr and her advisor, Dr. Rosa Milagros Santos, at the University of Illinois at Urbana Champaign. **The survey addresses your experiences with and perspectives about providing services to young abused children with disabilities**. All completed surveys will remain anonymous. Demographic information is requested, but individual respondents will not be identified. As part of our analysis, we will tabulate all responses and share only aggregate results with the University of Illinois at Urbana-Champaign and other interested audiences, such as readers of scholarly journals or at conferences.

We expect the survey to take about 8-10 minutes, and we anticipate no risk participating in this research other than what might be experienced in normal life. We hope you will share your thoughts and insights, as they will contribute greatly to our work and lead to policy and practice recommendations. Your participation in this survey is wholly voluntary. You can skip any questions you'd prefer not to answer and end your survey participation at any time by closing your browser.

As a token of our appreciation upon completion of the survey you will be directed to a page where **you may enter a lottery to win a $10 Amazon gift card.** 1 out of every 10 participants will win a gift card. In order to participate in the lottery, you will be asked to provide contact information. The information you provide on the lottery form will only be used to contact you if you win and will not be connected to your survey response. Winners will be notified via email by the researcher no later than one month after the survey closes.

If you have any questions about your rights as a participant in this study or any concerns or complaints, please contact the University of Illinois Institutional Review Board at 217-333-2670 (collect calls will be accepted if you identify yourself as a research participant) or via email at irb@illinois.edu.

To consent to participate in this study, **please click I AGREE TO PARTICIPATE** and proceed with the survey. You may print out a copy of this screen to keep for your records. Thank you very much for your cooperation. I appreciate your time and help in understanding issues when providing services to young abused children with disabilities.

Sincerely,
Catherine Corr, Ed.M.
Doctoral Student, Early Childhood Special Education
University of Illinois at Urbana-Champaign
(e) ccorr@illinois.edu

- I Agree to Participate in this Research Study
- I Do Not Agree to Participate in this Research Study

(Page 1 of 5)

Select the response that best indicates your agreement.
In order to get your first reaction, it is best to work rapidly.
-- Child refers to children up to 36 months of age.
-- Parent refers to the legal parent only. NOT foster parents

Likert options: (1) Strongly Disagree; Neutral (5); Strongly Agree (9)

1. Early Intervention programs have enough providers to cover increased referrals that result from the mandate to serve abused children.
2. Serving families referred by the child welfare system is the reason Early Intervention services were designed to begin with, even if the children do not have delays.
3. Expecting parents that have abused their child to participate in Early Intervention services is a burden for the parents.
4. Including parents that have abused their child in Early Intervention services diminishes the effect of the intervention for the child.
5. Serving children referred from child the welfare system is a priority for the Early Intervention program.
6. Early Intervention providers have the necessary skills to provide services to children referred from child welfare.
7. Early Intervention services are an appropriate referral source for children from the child welfare system.
8. Early Intervention providers have the skills to provide services to children referred from child welfare system.
9. When parents who have abused their child are referred, Early Intervention providers are able to keep them participating in Early Intervention services.
10. Parents that have abused their child and are referred from the child welfare system have too many issues to be effective participants in Early Intervention services.
11. Young children who have been abused/neglected would be better served by a program other than Early Intervention.
12. Early Intervention providers that I know regularly access professional development related to the effects of abuse and neglect.
13. Program administrators have informed me about how referrals to Early Intervention are to be handled.
14. Early Intervention services should serve children referred from child welfare, even if the children do not have developmental delays.
15. Early Intervention providers that I know are competent to work with children referred from the child welfare system.
16. Parents whose children have been referred by the child welfare system want to participate in Early Intervention services.

(Page 2 of 5)

Select the response that best indicates your agreement.
In order to get your first reaction, it is best to work rapidly.

Likert options: (1) Not at all; (2) To a slight extent; (3) to a moderate extent; (4) To a great extent; (5) To a very great extent

1. Some of the families served by the Child Welfare providers are treated as "impersonal" objects.
2. Staff become more callous towards people when they take a job in the Child Welfare System.
3. This job hardens people emotionally.
4. At times, I find myself not really caring about what happens to some of the families I serve in the Child Welfare system.
5. It's hard for me to feel close to the families I serve in the Child Welfare system.
6. I feel emotionally drained from my work in the Child Welfare system.
7. I believe I am positively influencing other people's lives through my work in Child Welfare system.
8. I feel "used up" at the end of the work day.
9. Child Welfare providers are burned out from their work.
10. People I work with in the Child Welfare system are working too hard at their jobs.
11. My co-workers feel like they are at the end of their rope at work.
12. I end up doing jobs that should be done differently.
13. I have to bend rules in order to carry out assignments.
14. I feel unable to satisfy the conflicting demands of my administrators/supervisors.

(Page 3 of 5)

15. My job within the Child Welfare system interferes with my family life.
16. The interests of the families receiving Child Welfare services are often overlooked because of bureaucratic concerns (e.g., paperwork).
17. Child Welfare rules and regulations often get in the way of getting things done.
18. The amount of work I have to do interferes with how well it gets done.
19. I have to do things on the job that are against my better judgment.
20. Inconsistencies exist among the Child Welfare rules and regulations that I am required to follow.
21. My coworkers in the Child Welfare system show signs of work stress.
22. When providing Child Welfare services I have to work irregular hours.
23. No matter how much is done, I feel there is always more work to do.
24. The amount of work I have to do in the Child Welfare system keeps me from doing a good job.
25. I regularly work beyond my mandated work hours.
26. There are not enough people in the Child Welfare system to get all of the work done.
27. I feel there is not enough time to complete my Child Welfare work tasks.
28. Working in the Child Welfare system, I am under a lot of pressure.

(Page 4 of 5)

1. What is your gender?
   Male
   Female

2. What racial/ethnic group do you identify with?
   African American
   Asian
   Hispanic/Latino
   White/Caucasian
   Other

3. What is the highest degree you have earned?
   Associates Degree
   Bachelors Degree
   Masters Degree
   Doctorate Degree
   Other

4. What is your professional title?
   Child Protective Case worker
   Social Worker
   Other

5. How many years have you worked in the Child Welfare system?

6. The majority (> 50%) of people you serve live in _____
   an Urban area.
   a Suburban area.
   a Rural area.

7. Do you supervise other paid employees?
   Yes
   No

8. How many cases are currently on your caseload?

9. In the space provided, please share any other information you would like us to know about your experiences supporting young abused children with disabilities and their families.

10. Gift Card Lottery! Please indicate your interst below.
    *1 out of every 10 participants will win a $10 Amazon gift card.**
    - **I would like to enter the lottery** for a $10 Amazon gift card.
    - **I do NOT want to enter the lottery** for the $10 Amazon gift card

(Page 5 of 5)

Online Communication Logs

	Type of Communication					Time Spent Communicating	Priority Level			Topic of Communication
	Phone	Email	Meeting	In person	Other	In Minutes	High	Medium	Low	Open Ended
Biological Mother										
Foster Mother										
Developmental Therapist										
Occupational Therapist										
Speech Pathologist										
Physical Therapist										
Interpreter										
Service Coordinator										
Child Welfare Case Worker										

Case Study Interview Question

Interview 1:

Thank you for agreeing to meet with me. I'm Catherine Corr, a doctoral student from the Department of Special Education at the University of Illinois. I am speaking with several members of a team who provide Early Intervention (EI) and Child Welfare (CW) services to young children with disabilities who have experienced abuse and neglect. As a member of the team, I would like to talk with you about how facilitators and barriers you experience when working with young children with disabilities who have experienced abuse and neglect.

Today's discussion will last approximately 30 minutes. What we learn from today's discussion will help us improve our understanding of how teams function to provide EI and CW services to these vulnerable families.

I will treat your answers as confidential. We will not include your names or any other information that could identify you in any reports we write. We will destroy the notes and audiotapes after we complete our study. Results will be used for conference presentations and publications.

Do you have any questions about the study?

Questions for Interviews with EI Providers:

1. Tell me about your role on *Jocelin's* team?
    - Who else is on the team?
    - How do they contribute to the team?
2. When you think about providing services for *(child)*, tell me about what supports you as a professional currently have (Supervision, payment, flexibility)?
    - Where do you get information to support *(child)?*
    - How does research, if at all, guide your work with this family?
3. You bring *XXXX* expertise to the team, can you tell me about where have you gained that expertise. (Your preparation program, your experience)
    - When working with this family, what are the gaps?
4. Tell me about policies (agency or state) that impact your work with this family?

Questions for Interviews with Biological Parent/Foster Parent:

1.Tell me about who is on *(child)'s* team?
    - What has been most helpful?
    - What has been least helpful?
2. Describe how team members communicate with you?
    - and with each other?
    - Phone, email, text?
3. How much of a voice do you have on *(child)'s* team*?*
    - Goals, times a week?
4. If you have questions, who do you ask for help?
5. Tell me about a time one or multiple team members helped you solve s problem related to (*child*)'s care?

Case Study Interview Question

Interview 2
EI professions:

1. Was this pretty typical couple of weeks?

2. Have you learned new information about the abuse situation / child welfare involvement which has impacted the services you provided over the past 10 weeks?

3. What resources, supports, or information would help you with J's family?

4. What resources, supports, or information to sustain a meaningful collaboration with the other EI providers/CW caseworker?

5. Tell me about how you met biological mom

6. What questions do you still have regarding J's case? How would the answers help guide your work?

7. When there is abuse with a young child with a disability what do you need to do your job better?

8. Do you ever feel power issues interfere with team collaboration?

CW Professional:

9. Have learned new information about the J's disability / EI involvement which has impacted the services you provided over the past 10 weeks?

10. What resources, supports, or information would help you support J's family?

11. What resources, supports, or information would you need to sustain a meaningful collaboration with the EI providers?

12. Explain your role supporting biological mom and grandma?

13. What questions do you still have regarding J's case? How would the answers help guide your work?

14. When there is abuse with a young child with a disability what do you need to do your job better?

Foster parent:

15. So what's like having all these people coming in your home each week?
    a. Do you feel like you have to repeat everything to everyone on the team?

16. How does this impact your life? Your day care? Your relationship with family?
    a. If you have a question about J, whom on the team do you turn to?

17. Tell me about when biological mom visits?

18. What are you looking forward to most J?
    a. What are you most excited for J to do (read, run, go to school?)

Appendix C

Data Collection Timelines and Member Checks

Complete Data Collection Timeline

Date	Activity
September 30, 2015	Initial invitation to collaborate/distribute EI survey
October 23, 2014	Systems level interview EI1
October 24, 2014	Systems level interview CW1
October 29, 2014	Systems level interview EI2
October 30, 2014	Systems level interview EI3
November 12, 2014	Systems level interview CW2
November 12, 2014	Systems level interview CW3
November 30, 2014	Initial invitation to collaborate/distribute CW survey
December 12, 2014	Initial invitation sent to Leta to identify case study team
December 19, 2014	Approval granted to distribute CW survey
December 30, 2015	Leta - Follow up phone call to identify team
January 5, 2015	Leta - Follow up phone call to identify team
January 13, 2015	Case study team identified
January 23, 2015	Olivia - Case study initial invitation extended by phone
	Dana - Case study initial invitation extended by phone
	Sydney - Case study initial invitation extended by phone
	Felice - Case study initial invitation extended by phone
	Claudia - Case study initial invitation extended by phone
	Pricilla - Case study initial invitation extended by phone
	Sal - Case study initial invitation extended by phone
January 28, 2015	Approval granted to distribute EI survey
January 30, 2015	Olivia - Case study initial interview
January 31, 2015	Pricilla - declined case study participation.
February 1, 2015	Email EI/CW professionals survey
February 2, 2015	Claudia - Follow up case study invitation extended by phone
February 4, 2015	Sydney - Case study initial interview
	Felice – Case study Initial interview
February 5, 2015	Dana - Case study initial interview
	Olivia - Case Study Communication log (2), therapy note (2)
	Sydney - Case Study Communication log (1), therapy note (1)
	Felice- Case Study Communication log (1)
February 6, 2015	Leta – Provided IFSP and 6 month evaluation documentation
February 10, 2015	Claudia - Follow up case study invitation extended by phone
February 12, 2015	Dana - Case study communication log (1), therapy note (1)
	Olivia - Case study communication log (1), therapy note (2)
	Sydney - Case study communication log (1), therapy note (1)
	Felice- Case study communication log (1)
February 13, 2015	Sal - Case study initial interview
	Sal – Case study communication log (1)
February 17, 2015	Claudia - Follow up case study invitation extended by phone

February 19, 2015	EI/CW survey closed. Dana - Case study communication log (1), therapy note (1) Olivia - Case study communication log (1), therapy note (2) Sydney - Case study communication log (1), therapy note (1) Felice- Case study communication log (1)
February 26, 2015	Dana - Case study communication log (1), therapy note (1) Olivia - Case study communication log (1), therapy note (2) Sydney - Case study communication log (1), therapy note (1) Felice- Case study communication log (1)
March 3, 2015	Claudia - Follow up case study invitation extended by phone
March 5, 2015	Dana - Case study communication log (1), therapy note (1) Olivia - Case study communication log (1), therapy note (2) Sydney - Case study communication log (1), therapy note (1) Felice - Case study communication log (1)
March 11, 2015	Claudia - Follow up case study invitation extended by phone
March 12, 2015	Dana - Case study communication log (1), therapy note (1) Olivia - Case study communication log (1), therapy note (2) Sydney - Case study communication log (1), therapy note (1) Felice - Case study communication log (1)
March 19, 2015	Dana - Case study communication log (1), therapy note (1) Olivia - Case study communication log (1), therapy note (2) Sydney - Case study communication log (1), therapy note (1) Felice - Case study communication log (1)
March 26, 2015	Claudia Consented to participate in case study and initial interview. Dana - Case study communication log (1) Olivia - Case study communication log (1), therapy note (1) Sydney - Case study communication log (1), therapy note (1) Felice - Case study communication log (1)
April 6, 2015	Sydney final case study interview
April 7, 2015	Dana final case study interview
April 8, 2015	Olivia final case study interview
April 9, 2015	Felice final case study interview Sal final case study interview Dana - Case study communication log (1), therapy note (1) Olivia - Case study communication log (1), therapy note (1) Sydney - Case study communication log (1), therapy note (1) Felice - Case study communication log (1)
April 10, 2015	Case Study Ended

System Level: Interview participants' first level member check

First Level	Interview Participants Feedback
EI1	"Thanks for sharing, Catherine. I made a couple of comments – They (CW professionals) have high caseloads with diverse responsibilities. Also, policy staff need more opportunity to examine this research when preparing policy decisions. I don't really think it's one or the other, but both are needed. I saw (person's name) recently and she said that you two had connected. I am glad that worked out. Good luck with the rest of your work!" (12/8/14)
EI2	"I have reviewed the interview summary and it looks good to me. Good luck on your dissertation and happy holidays." (12/16/14)
EI3	No edits or clarifications made.
CW1	No edits or clarifications made.
CW2	"Thank you for sending this for my review. Here are my responses: It might be a matter of wording but my intention was to highlight the connection between developmental delays/early intervention and children who have experienced abuse/neglect. This connection is of particular importance to me because the general population tends to focus on school age and education and therefore ignore the needs of 0-3 years olds. I believe that we need to be intentional about saying early intervention and or developmental delays because the youngest children's needs tend to fall off of the radar and therefore go unaddressed. I'm not sure what I meant regarding resources being underutilized. Perhaps this was in regards to Child Parent Psychotherapy. There are many folks who don't recognize that there are therapeutic (mental health) services for very young children." (12/16/14)
CW3	No edits or clarifications made.

System Level: Interview participants' second level member check

Second Level	Interview Participants Feedback
EI 1	"Looks good! I made some edits and comments. A thought that just came to me- are there recommended practices for working with young children who have experience abuse/neglect? We could certainly share DEC recommended practices with CW workers. Guess I'm also wondering about practical tools as sharing research studies is not probably the best way to get information to the masses, e.g. Top Ten Things EI Providers Should Know When Working with Young Children who have Experienced Abuse/Neglect. I'm also wondering if we need to say something about the focus of EI being on supporting the family to facilitate child's development; whereas CW focus is prioritizing (in many instances) child needs over family unit." (2/24/15)
EI 2	"This looks fine. It is difficult for me to speak to what others said in their interviews. I don't think that requirements in federal regulation regarding referral to EI services for children who have experience child abuse and neglect, the determination of eligibility, and the development of an IFSP that meets the specific needs of the child should not be overlooked in this research."
EI 3	No edits or clarifications made.

CW 1	No edits or clarifications made.
CW 2	"All of your points seem relevant and thoughtful. I have one suggestion concerning the use of the word disability. I'm not certain if you are meaning it to identify children who have been formally diagnosed or children who are exhibiting delays. I strongly believe that there is a distinction between the two as young children (0-5) who are not diagnosed are seen as delayed." (2/25/15)
CW3	No edits or clarifications made.

Local Level: Interview participant first level member check

First Level	Case Study Interview Participant Feedback
Dana	"Looks great!" (2/24/15)
Felice	No edits or clarifications made.
Olivia	No edits or clarifications made.
Sydney	"It all looks good. Only 2 things. Grandma is occasionally present during our sessions. Mother has never been present. And I primarily use a whole language approach. Not sure why I said holistic." (2/24/15)
Sal	No edits or clarifications made.
Claudia	No edits or clarifications made.

Local Level: Interview participant second level member check

Second Level	Case Study Interview Participant Feedback
Dana	"Looks great!" (4/10/15)
Felice	No edits or clarifications made.
Olivia	No edits or clarifications made.
Sydney	"It all looks good!" (4/8/15)
Sal	No edits or clarifications made.
Claudia	N/A